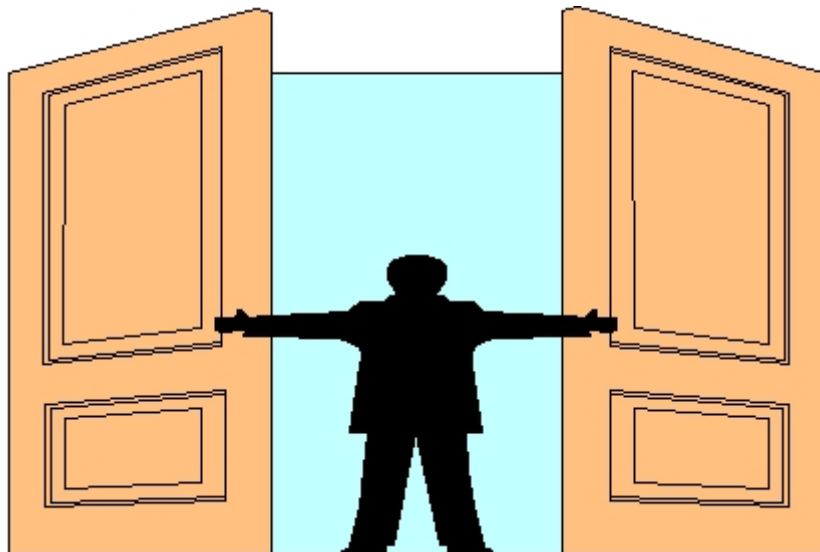


Bereavement Workbook



**A set of session outlines and handouts for use with
Bereavement Support Groups.**

**By
Alan Taplow**

Third Edition, revised.

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This material was compiled in the early 1990's as my working notes for conducting a series of Bereavement Support Groups for both the Center for Hope Hospice in Scotch Plains, NJ as well as the Overlook Hospital Hospice in Summit, NJ.

Both hospice organizations had periodic 7 to 10 week support groups for families of their patients as well as others in the community with losses. These sessions were held several times each year and each organization had training sessions for volunteer facilitators. Typically there was a lead facilitator accompanied by at least one other facilitator. There tended to be anywhere from 6 to 15 participants committed to attend each series of sessions. Groups were frequently formed specifically for the death of spouses or for the death of children. Some groups were open for any type of loss.

These notes have been available on the internet for nearly 20 years, and I've sent PDF copies to anyone sending an e-mail request. Having received much favorable feedback, it seems an appropriate time to release it in a print format.

— Alan Taplow, Plainfield, Vermont— March, 2020

Many thanks to Paul Erlbaum and Nancy Gore for their help in proofing and editing.

**Comments, questions, suggestions, experiences
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Queries for Volunteer Service as a Bereavement Group Facilitator

These Queries were adapted by Alan Taplow from an article in the March 1993, Friends Journal. Queries are traditionally used by the Quakers to help achieve clarity on issues or major undertakings. They are a particularly effective tool when considered meditatively from a place of silence. Go through the

exercise — take the time to write your answers to these queries — perhaps discuss them with your supervisors, mentors, peers. Put them away for a year and then answer them again - compare your responses — has anything changed?

Reaching "Clarity" is certainly a worthwhile goal.

To be truly effective as a Bereavement Group Facilitator, it is important that we be clear about our motivation to serve others. This doesn't mean that if we discover that our motivation is more self-serving than altruistic, that we shouldn't continue to volunteer. It does mean that we know our emotional and motivational starting point. We are certainly better equipped to help others if we come from a point of self-awareness and honesty than from a point of self-deception. This is called "Clarity." and will serve well to guide us in working with others.

Queries for Volunteer Service

- * What is the basis for my desire to do volunteer service?
- * What sort of "service work" have I done in the past?
- * What does it mean to help someone?
- * What is the role of the helper?
- * What is the role of the people being helped?
- * What do I expect to offer as a volunteer?
- * What do I expect to receive as a volunteer?
- * How do I react to:
 - Working with a team or group of people?
 - Living and/or working in community?
 - Taking and giving criticism?
 - Working with stressful situations?
 - Dealing with cultural or personality differences?
- * Describe an experience when I discovered a bias or prejudice within myself and how I dealt with it.
- * What are the most difficult things I anticipate experiencing as a volunteer?
 - What do I expect to offer and receive in this situation?
- * What do I know about the people I will be serving, such as:
 - their politics, economics and living conditions?
 - their culture and traditions?
 - their spirituality?
 - the environment where they live?
- * What resources will I have for technical support during my service?
- * What resources will I have for emotional support during my service?
- * What plans do I have to obtain spiritual nurturing during my service?

FACILITATING YOUR FACILITATING

Facilitating the work of a support group can be a very rewarding experience. Let your meeting agenda be flexible. Group members quickly let us know what items they need to

work on. Our job is to guide them along the way. The following guidelines are time-proven hints to make a group experience a useful one for you and for each participant.

1. **EYE CONTACT:** Keep eye contact with all participants. By simply looking at someone and smiling, you help the person feel part of the discussion, even if he or she hasn't said anything for a while.
2. **NAMES:** Address people by their names. In the beginning of a new group, suggest that each participant preface each of their comments by stating their first name. This helps everyone to learn each other's name and provides a useful sense of personalization.
3. **PARTICIPATION:** Notice who talks and who doesn't. You may gently invite, but don't pressure participants to talk. If someone who has been quiet talks, encourage more discussion of their point.
4. **GROUP ENERGY:** Be aware of group energy and individual relationships. Glance around the room frequently to check expressions and body language. You may want to gently invite people who appear fidgeting, agitated, bored, angry or apprehensive to share their current reality.
5. **CONTINUITY:** Let one person talk at a time. If someone does not get to finish a point, go back to that person. If someone tries to contribute, but can't get into the conversation, give that person the floor.
6. **FEELING LEVEL:** Keep discussions on a personal and feeling level. Challenge generalizations, such as "ALL people are...", by asking those present if the statement just made pertains to them. Encourage "I Statements" along the way. You may feel that you need to share some of your own personal experiences to pave the way.
7. **LISTEN:** Listen carefully so that you can give positive feedback, extend support, and call attention to similar or conflicting points of view.
8. **QUESTIONS:** Let members speak first and throw questions directed at you back to the group. You might ask, "What do all of you think?" or "Has anyone had an experience which would shed some light on that?"
9. **FLEXIBILITY:** Stick to the agenda and yet be flexible. Notice when the discussion gets off track and pull it back by saying so. If there is good energy on an issue of overriding importance, you may let the discussion flow, until it gets far afield or seems to be a way of distracting and avoiding the topic at hand.
10. **ENJOY YOURSELF:** Be intuitive and enjoy yourself. You are not an expert with all the answers. The group often has the answers and you are simply guiding the discussion. Feel free to participate and to ask your own questions.

Adapted from Self-Help Line May 1991, Family Service Association, Dayton, Ohio

A Group Leader's Memory Bank for Facilitating

by Cyril R. Mills

Edited with italicized comments by Alan Taplow

It is suggested you review this guide at least once before each new group you lead, and discuss each point with all co-facilitators. The word intervention, as used frequently in this listing, means any comment or statement by the facilitator which addresses a situation or question initiated by a participant.

1. Go with the energy flow.
The facilitator who tries to follow his own pre-determined agenda when the group is at another place, will possibly lose the interest and loyalty of the group.
2. As a facilitator, avoid the use of "us" or "we" statements.
Even though you may identify closely with what an individual is saying, try to stick to "So Charlie, when you experience ____, you may feel" instead of "when we experience ____, we feel."
3. Avoid an intervention that tends to link you to a participant. This tends to take away from the group and invite focus on you as the facilitator.
4. A facilitator briefly taking a participant role is only effective when the group has coalesced. You can make a participant statement, but should remain in the role of the facilitator.
You are not part of the group, you are a facilitator. The focus needs to be on the individuals in the group, not upon the facilitator.
5. An intervention listing a number of *feeling* words helps people who are having difficulty identifying feelings.
See List of Feelings on page 43.
6. When a difficult issue surfaces, an individual-oriented intervention is preferred to one at the group level. Such issues are hard for a group to deal with.
If someone asks a question or raises an issue of a sensitive nature, (for instance, pertaining to suicidal feelings etc.) converse directly with that individual rather than encouraging answers from other's in the group.
7. When someone fails to absorb feedback, one type of intervention that is useful is "Did you hear ____" or "What did you hear?"
It is not always necessary that everyone absorb all that is said. You may choose to pass over some situations where a participant just isn't getting it.
8. A participant's interruption or sudden shift of topic might call for: "Could we give people a chance to pick up on what Joe was saying (asking)?"
Be sensitive to what was going on before the interruption. Some will interrupt or change the subject when they are unconsciously trying to avoid an issue rather than confront it. If it's an issue which needs an airing, get the group back to discussing it.
9. When a participant makes a facilitator intervention, such as commenting on the group process, you can:
 - Intervene to get at the participant's feelings. *"How does that make you feel, ____"*
 - Ask for an explicit hypothesis. *"That's interesting ____, how did you arrive at that conclusion?"*
In nearly every group there is someone who would like to impress you and others that they know what all this stuff is about. Don't allow yourself to get into deep pseudo-psychological and theoretical discussions. Bring the conversation back to his feelings.
10. Directly answering a participant's question can lead to an individual discussion. Asking the group for feedback is often an appropriate response.
Avoid answering direct questions. This tends to set you up as the final authority, when you really want the group to do the work of reaching its own answers. ("Has anyone else had this experience? How did you handle it?")

11. If two issues are being developed simultaneously, indicate this to the group and ask for priority.
"I hear us talking about two separate issues — (this) & (that). Since we can only address one thing at a time, which one should we tackle first?"
12. If participants jump over someone's issue or fail to follow through, a "hey, you just switched the topic" type of intervention may be useful.
13. It is usually preferable to start a session with a non-focus type of statement, permitting the group to freely develop its own agenda.
If you want to lead into a specific topic, (for instance, anger) you can start with a general question and as part of the discussion, introduce your topic. ("After last week's session, what feelings were going on with you during the week?" As responses are given — "Joe mentioned he was angry. Let's spend some time looking into the dynamics of anger.")
14. Should a statement cause an argument with the facilitator, an intervention that focuses on the personal dynamic("what is going on between us?") or a group level intervention ("do you all want to stay with this?") will be helpful.
15. If, as a facilitator, you set some norms at the outset, then your interventions should model them.
For instance, if you are emphasizing feelings, your comments should contain obvious feeling words.
16. If one participant is receiving feedback and another starts to work on him as well, offer space.
"Do you want to hear from other people?"
Avoid letting one participant get inundated with advice or comments from others unless obviously receptive to more feedback.
17. Co-facilitator statements should not follow one another.
If one facilitator has just told a story and made a point, don't jump in with your own story making the same point.
18. The facilitator should pick up on things to return to later.
19. When, as a facilitator, you become lost, state how you feel about it.
There are times you will get lost in your own words and lose track of where you were headed. Don't get flustered simply tell everyone "I lost my point and feel stupid when I can put it all together again, I will."
20. If a member is briefly absent, use the time to let others get in touch with themselves. "Time for contemplation."
"While ___ is out, let's spend a moment to think about the happiest time we had with ____"
21. When a reluctant participant joins in, you may recognize it with a statement of encouragement.
"I'm happy you were able to say that, ____"
22. Summary type intervention can be useful to provide clarity, check out accuracy and stimulate learning.
"What I heard us saying this evening was that _____"
23. You can demonstrate anger to set the norm that expression of anger is OK in the group.
24. Some participants react better to restatement and clarification interventions than to the usual behavior-feeling response. Adjust interventions to fit the person, including your language.
Behavior-Feeling When you yell and hit a punching bag, you feel good.
Restatement & Clarification I hear you saying that when you yell and hit a punching bag, you feel good.
25. If a participant contribution seems inappropriate, i.e. leads away from the energy source, you can provide space by checking it out: "Do you want to get into that now?"
26. As the facilitator, you can make use of a range of nonverbal responses.

27. When a group is working with a reluctant participant, the tendency is to be overly-civilized, although the underlying feeling is hostility. You can bring out the underlying hostility or at least remove the polite facade.
28. A facilitator's response can be human; you should not attempt to be an objective, unfeeling robot. "When I hear your story, ___, my insides really want to cry."
29. When an "I like it" type of statement is made, it may be necessary to pull out more data and a wider range of support. Unclarified, such a statement may act to cloud the real issue.
"What in particular do you like about it?" "How does it make you feel?" What images come up in your mind when you think of it?"
30. There will frequently be defenders for a reluctant participant, and you may have to keep them from directing energy away from that participant.
31. When a participant states that he or she wants to be off the hook, it is not an automatic signal that you should go that way. You will need more data than that. An opportune intervention is "Maybe you can move on from here."
32. When a participant says, "Others in this group___", follow up on what is meant by "others."
You may want to check it out "how many others feel this way tell us what your experience has been."
33. Be alert to non-verbals, and also do not limit your focus to one thing or one person. A facilitator should develop the habit of surveying the entire group periodically (every three minutes, for instance).
Keep making eye contact around the room so participants know you are addressing all of them. Look for nervous rocking, foot or leg movement, arms and legs tightly crossed etc. This often gives good clues to how issues are being received.
34. Starting a group with a relaxation type of activity can backfire by getting people so relaxed that they have difficulty getting into their work. A better approach is to have them look at each other and attempt to be in contact with issues. Relaxation also tends to focus on positive feelings while avoiding the negative.
35. If a facilitator states that an issue is difficult, then it becomes more difficult for the group to deal with it.
Model the behavior and responses you are seeking from the group.
36. When a sensitive issue arises, some participants may try to leave it by bringing up another issue. At this point, it may be best to use an intervention that either gives permission to explore the issue or holds off new issues. "We have several things we need to get into..."
Be alert to distractions. This is one of the few places where feelings can be appropriately expressed.
37. As the facilitator, avoid doing things that invite focus on yourself.
38. When you are stuck on your own feeling, share it and indicate a desire to go on.
39. Avoid the use of workshop jargon on a confused participant.
40. When an intervention does not get any response, try rewording it.
41. When a participant has picked up a nonverbal communication and wants to work on it, the participant's consciousness can be raised by forcing him to be more explicit about the behavior/feeling.
42. An "I don't trust the group" statement suggests a trust or self trust issue in the speaker that can be picked up on at some point.
43. A high energy person who directs communication toward a reluctant participant can produce even more blockage. This may require a restatement or redirecting type of intervention.
44. A group level intervention must be descriptive rather than interpretive. A facilitator can describe group behavior, but should avoid placing an interpretation on group behavior.

45. Group-level interventions require a lot of management or follow-up.
46. Dialogue between judgmental and non-judgmental persons may lead to issues over labels. This communication problem may be overcome by a restatement type of intervention.
47. People who are unaware of their feelings need an accurate picture of their verbal and nonverbal behavior. Give lots of feedback. Ask them to describe their physical feelings. "Can you tell me what is happening within you as you hear what we say to you?"
48. When the group is well formed, you can impose yourself on the group in the form of a short lecture.
49. Reluctant members' behavior tends to arouse the concern of others, including the facilitator. Do not concentrate so heavily on a reluctant member that you overlook others.
50. You can encourage a participant with "I see you as learning from this" — particularly if the participant is trying to direct attention away.
51. For a response of "I can't talk about personal problems," a possible intervention is: "Right, concentrate on the process. The idea is to become aware of feelings. Let's talk about them."
52. When two people are in an issue, but are unable to communicate, it may be necessary to bring others in to work on it.
53. Toward the end of a group, it may be best to focus on those who have not had as much discussion time. An intervention with an active person might be, "You have shown competence in handling that and others might need the time more."
54. "Why" statements invite intellectualizations (head trips).
55. When you are in a period of high energy, stay with your left-brain functions: be logical, objective. During low energy periods, you can make more use of the right brain: be intuitive and flow.
56. Do not develop fixed notions of where the next session will go. The facilitator should neither set a group agenda nor force an issue that he or she insists must be present.
57. Do not accept participants' involvement in paired intimacy. There are a number of alternatives:
 - Have them verbalize what is happening.
 - Get into the issue they are experiencing.
 - Put them into a figurative bubble and go on to the group.
58. A facilitator does not have to remain in the same physical location. A move can be very effective intervention. It is more powerful to move if the group has come to expect the facilitator in a certain place.
59. An "I'm afraid of hurting ___" remark may call for an "If you really care ___" type of intervention.
60. A good stance for the facilitator is to look only occasionally at the person speaking and to spend most of the time looking at the rest of the group.

Adapted from A MEMORY BANK FOR FACILITATORS, by Cyril R. Mill, and based upon one compiled at a 1976 NTL Institute Training and Theory Practice Laboratory in Bethel, Maine at which Florence Holyman and Howard Lamb were the trainers.

BEREAVEMENT SUPPORT GROUP
SESSION 1 - INTRODUCTION
GROUP PROCESS, GRIEF, MOURNING & RECONCILIATION

1. **Thanks for being here** - You are taking care of yourself.
2. **Facilitators introduce themselves.**
 - Personal experiences with grief and experience working with groups.
3. **Facilitator's role**
 - To be certain each person gets what they need from these sessions.
 - To help keep conversation productive for the group.
 - To be certain that everyone gets a chance to participate — that no individual inadvertently monopolizes the conversation.
4. **Review handout** - "COMMITMENT TO THE GROUP"
 - Advice
 - Crying - Externalizing Emotion
 - Rescuing
 - Comfort
 - Tolerance
 - Confidentiality
5. **Review handout** - THE RECONCILIATION OF GRIEF?
 - Distinction between Grief & Mourning.
 - Discussion - What's it like for you.
 - Discussion - Reconciliation process.
6. **Introductions**
 - Who are you?
 - The loss you've experienced?
 - What you expect to get by being a member of this group?
 - What are your feelings at this very moment?

The Facilitators will use feelings brought out in introductions to emphasize some of the myths and expectations experienced as part of the grieving process.
7. **Conclusion**
 - Don't expect to automatically feel better tonight.
 - Intervention into isolation.
 - Hand out 3x5 index cards .
 - Ask each individual to enter their name and phone #'s.
 - Pass cards 3 places to the right, person receiving the card to place phone call to the individual whose card they received.
 - Emphasize the importance of networking.
 - Talk about your feelings as part of the group.
 - Review this session.

Comments on Session 1

This first session sets the tone for the group.

In this first session it is important that every participant have an opportunity to tell their story— the loss experienced and how they are feeling right now. As expeditiously as possible, explain the ground rules (bathrooms, start and ending times, etc.) Elicit responses from the group sufficient to assure you that all members understand the rules. Rules established, allow as much time as possible for participants to share their stories.

Keep emphasizing feelings and try to keep others from distracting the participants from getting into feelings. Make a box of Kleenex visible and readily available. For some, it will be the first time they have told anyone how they feel.

As a general rule, I try to deal with the group from where they are — not where I think they ought to be. I may try to steer or suggest they refocus on another topic, but must first acknowledge where they are and be certain that needs are not left hanging.

There is a registration information sheet which should be given to each participant. Ask them to complete the form now or bring with them the following week.

I didn't get to do this during my initial group, and this was a mistake. There is often a sharing of information on the confidential registration sheet which is extremely palliative. For some, it is important that they acknowledge the death they have experienced by WRITING that they have experienced the DEATH of _____, AGE _____, along with the date and circumstances. This is the first step of experiencing and expressing the death.

A recent death often results in individuals isolating themselves. The index cards and phone call networking is one step to intervene in that process. **This works best when repeated at the end of each session.**

The session plans in this booklet are only guides. Within the broad subject matter of each session, I generally let the group dynamic guide the session, more-so than the plan. The plan is very useful if no one will talk or the group has run out of steam, and you wish to get things moving with another question or line of discussion.

Handout

Commitment to the Group

Being part of a group is "**work**." It can be very therapeutic work and very rewarding work. You already know: what you get from an experience is directly related to what you put into it. I expect you will significantly enhance your personal growth by being here and by your active participation and "**work**" in this safe setting.

Like so many others, you will soon begin to develop a strong commitment to our group process. As you become more comfortable here, you will find the following guidelines are an essential part of that process, serving to make this experience one which is both useful as well as very safe:

ADVICE - We are not here to offer advice. We are here to give DIRECT REPORTS of our own experiences and feelings. If you have had similar feelings or experiences, let someone know what worked for you, rather than "YOU KNOW, IF I WERE YOU I'D...."

CRYING - Crying is both natural and healthy — Kleenex was invented for a reason. "In this group, when I am into 'deep feelings' - when my insides are in pain - when my throat is choked up - I give myself permission to cry freely without embarrassment." Here, it is OK for big folks to cry.

RESCUING - When you are visibly into feelings, a RESCUER, by unsolicited hugs, touching or expressions of comfort, may try to help you stop crying and to "feel better." While a well-intentioned rescuer may relieve his or her own feelings of anxiety, you will have been cheated out of a rare opportunity to fully experience and externalize your feelings. We can be far more caring by being attentive listeners. Should you have a strong desire to rescue, ask the group to help you examine your own underlying needs.

COMFORT - As you have completed experiencing the pain of your own immediate issue, you may not want comfort forced upon you. However it is quite appropriate at any time for you to seek comfort - Holding up 4 fingers is our request for a hug, a kind word, a touch on the arm.

TOLERANCE - We are not here to judge each other, but to listen and offer understanding. We sometimes find the experiences, expressions and feelings of others to be completely foreign to our own experiences, upbringing or value system. We learn to lovingly accept everything expressed here, as TOTALLY legitimate for the person expressing it. We are not here to judge each other, but to listen and offer understanding.

CONFIDENTIALITY - The only way I can feel safe and completely comfortable sharing with you is to be certain ALL THAT I SAY HERE - WILL STAY HERE." That means we **just DO NOT** discuss what happens in this room — outside of this room — with **anyone** — for **any reason** — even without mentioning names — **really, we just don't.**

The Reconciliation of Grief

WHAT IS GRIEF ? WHAT IS MOURNING?

Grief is an internal experience. For some, it is an inside emptiness - a fear - panic - loneliness - anger - guilt - longing - depression. When asked this question at a recent session, someone said, "Grief is Love - with no place to go."

Mourning is a bit different. Mourning is "grief" which is expressed to the outside world. It is the process where I work through my grief by outwardly expressing my internal feelings. Grief alone, without mourning, is dangerous and destructive to the human system. By coming to this group, you are beginning or continuing a healthy process of mourning.

What are you experiencing now — what is it like for you ?

WHEN GROWING UP, WHO TAUGHT US HOW TO MOURN ?

All our lives, most of us have been taught how to acquire, not how to lose. There has been no course called LOSS 101. No wonder it is strange and painful. Many mourn their grief as they witnessed some role model, (perhaps a parent, movie or national personality) handle grief.

As young people, we may have heard these messages:

"Don't feel bad, don't cry." (*message - Bury your feelings*)

"You lost your toy! Well just be good and Santa will bring another." (*message - everything is replaceable*)

"Now! You just keep your feelings to yourself." (*message - Don't trust, it isn't safe to share your feelings.*)

Who taught you how to appropriately express feelings and experience loss?

GRIEF RECONCILIATION - WHAT IS IT?

Intellectually, you know you really don't recover from your grief in the sense that everything is restored to the way it was before. You know how unlikely it is that life will ever "be the same", yet at the beginning it is so difficult to accept. You are beginning a process — a process of "reconciliation" where you learn to become more and more adapted to a new and changed way of living. There are a number of tasks ahead as you proceed with your individual and unique process of reconciliation.

You learn to effectively experience and express outside of yourself, the reality of the death.

You allow yourself to fully embrace the pain of the loss, while learning how to assure that you are nurtured, physically, emotionally and spiritually.

You learn to convert your relationship with the person who died from one of interactive presence to one of appropriate memory.

You learn to develop a new self-identity based on a life without the person who died.

You begin to relate the experience of the death to a context of new meaning in your life.

You develop a lasting network of support to help you through the process.

In these next few weeks, you will learn safe ways to experience and express your grief. You will learn how to mourn while still taking care of yourself. You will begin to develop a new perspective about your lost relationship and begin to clarify your self-identity. You will begin to discover a new sense of meaning in life while finding a network of supportive relationships to help you along the way. You are at an early stage of this process — be patient and take it one moment at a time. Trust — it does get better. Learning to find the path for your personal reconciliation process is what these support group sessions are all about.

Adapted by Alan Taplow from "The Grief Recovery Handbook", by John W. James and Frank Cherry, as well as writings on Reconciliation Needs of the Mourner, by Alan D. Wolfelt, Ph.D.

Handout
Grief Writing
Some Ideas on Keeping a Journal

For the next 8 weeks, you will learn to keep a journal.

Whether or not you choose to continue afterwards, I promise you will find the writing you do while in our group will be rewarding in ways you may be unable to fully imagine right now.

Writing is a simple, yet powerful way to begin working through your grief.

You will find it helps to relieve some of the physical, emotional and spiritual pain many grieving folks are experiencing. It will help you work through many of the issues which are difficult to communicate in other ways. It is very personal and confidential — no one need share in your writings unless you specifically choose to permit it. Furthermore, it is simple to do spontaneously — it does not require making complicated plans, and can be accomplished at the moment while your feelings and needs are strongest, even when you wake up at 3 in the morning.

Who are you writing for?

Even though you intellectually know that it is for you and you alone, all your prior training has conditioned you differently. During school years we always wrote for others to see and usually judge, correct and grade. We have all written letters for others to read. Nearly all our prior writing has been to communicate with others.

Journal writing is different — it is only for you to read.

While this sounds like such an obvious thought, you may be surprised at the difficulty in getting your inner self to grant you permission to write freely without ANY editorial judgment. As you progress in your writing, you will find that you are able to overcome the "mind set" that you are writing for others, and will concentrate on fully serving your needs for expression.

Since you are writing for yourself, you now have permission not to be a perfectionist. You can use an old wide lined school notebook, or one of those expensive "designer journals", and can give yourself permission to be as sloppy or as neat as you wish. Forget erasers — it is easier, quicker and more spontaneous to cross out words. Furthermore, there are no errors when writing for yourself — merely thoughts you wish to re-read and those you want to skip. Rather than erasing or tearing out pages in order to obliterate, try putting a big X through a page or crossing out a phrase. Pay attention to those thoughts you are inclined to obliterate — often they are a rich source of issues you need to work through in order to complete your grief work. For this reason, I always suggest a permanently bound notebook rather than a spiral bound or loose leaf book.

As a new writer, I have certainly experienced a blank page staring me in the face, unable to think of anything to say. What a relief when I learned to write my "stream of consciousness." I set a time limit — for starts perhaps 5 or 10 minutes, and then write everything which comes into my mind — no matter how unconnected, scattered or inane it may seem. Since I am not judging myself and no one else will read it, it doesn't matter that it isn't a well composed sentence or paragraph. I capture whatever thought or image comes to mind. Since I am not trying to write a story, I merely begin to document my internal images and feelings, my internal dialogue.

Not having the pressure of composing something which makes sense, I just have to be able to write fast enough to keep up with my internal activity. If my thoughts lead me to a particular issue, I may begin to elaborate on it. When the allotted time has passed, I may choose to continue or will allow myself to stop for the day, and start again fresh the next day.

You will surprise yourself at how quickly you have developed a new tool for making progress with your grief work. With the mechanics of writing now a comfortable routine, you can become more focused. In grief work, we are frequently writing for one or more of the following reasons:

- To capture our experience or progress
- To confront an issue
- To vent, explore or express a feeling or emotion
- To connect,
 - To atone
- To preserve a thought
- To memorialize our loss

While few people feel they want to share everything they have written, there is frequently therapeutic value in sharing some of what we have written. Some, in their writings, have discovered parts of themselves which they felt they wanted to share. **You are under no obligation to share** — however, should you choose to, there will be an opportunity to share during each of our sessions.

If writing has always been easy and comfortable — please continue to do it.

If this is all new to you, please feel free to ask for help and encouragement as you begin to use this new and useful tool which will serve you well even after you have concluded the largest portion of your grief work.

Created by Alan Taplow from material inspired by Carol Staudacher in her book "Men & Grief" (New Harbinger Pub., 1991)

You & I

What's different about these two statements?

Statement 1

"You know, when you ask someone for help time and time again, they are going to resent you. You feel real funny and you don't want to ask again. You get depressed after you try this a number of times and you get no real help. What are you supposed to do? You just go on and on and hope it will go away, don't you."

Statement 2

"I find when I ask someone for help time and time again, they seem to resent me. I feel funny and I don't want to ask again. I get depressed after I try this a number of times, and I get no real help. What am I supposed to do? I just go on and on and hope it will go away."

Both of these statements are trying to say the same thing, but. . .

When I hear the first statement, I hear someone else telling me, by implication, **how I am supposed to be feeling**. If I should not feel that way, I feel I am being told I'm ... well ... sort of strange and different. I find myself inwardly resenting being grouped with that person's feelings.

The second statement is a direct report of someone else's experience, and it leaves it up to me to choose whether or not I associate with it. It gives me permission to listen to it and feel:

"Yes, I feel the same way — this is also my experience,"

or

"No, I can understand how you may feel the way you do, but what you say does not relate to me and my direct experience."

In groups, it is important that members relate their direct experience and take full ownership and responsibility for their statements. This is best done through the use of what is called

I Statements.

I have no right to tell someone "When so & so happens, you feel this way."

I have every right and even obligation to say "When so & so happens, I feel this way."

In normal conversational vernacular, the **you** means of expression is frequently used, however in groups, where reports of direct individual experience is frequently so helpful, the use of **I Statements** becomes more and more important.

We realize how difficult it is for some to reorient their habitual form of expression — but please don't get upset if you're interrupted with a gentle request to change your expression from a **You Statement** into an **I Statement**.

INTRODUCTIONS

What's your name ?

Where are you from ?

The loss you've experienced ?

When it happened ?

What do you expect by being part of this group ?

What are your feelings at this very moment ?

Registration Information

NAME:

AGE:

ADDRESS:

CITY, STATE, ZIP:

HOME PHONE:

WORK PHONE:

E-MAIL:

Please describe the loss you have had:

NAME:

DATE DIED:

RELATIONSHIP:

AGE AT DEATH:

CAUSE:

Name and relationship of others currently living in your home:

What are your present needs and what do you hope to get by being here?

On the back of this sheet, please indicate anything else you want us to know about you.

Handout

Common Feelings

You may have heard the term — **Grief Work**.

You may also have heard:

- **that the only way OUT is THROUGH.**
- **that avoidance** of grief work and the bereavement process only **postpones** reconciliation.

During the next 7 weeks you have an opportunity to learn new ways of
working through your grief,
getting a better understanding of yourself and
how to dissipate bad feelings in healthy ways.

Many people have entered these support groups thinking that there was something drastically wrong with them. They were experiencing an entirely new set of feelings to an intensity that they had never thought possible. For some, the intensity was such that they were certain they were going crazy — that they were uncharacteristically out of control. They often asked "Does this ever stop?"

You are not crazy. The following is a list of feelings and conditions which are common and normal at a time of grief. You may be experiencing many of them or only a few. We will be spending much of our time sharing how to recognize and deal with these feelings, their frequency and their intensity:

Anniversary/Holiday Obsessions

Anxiety

Confusion

Crying and Sobbing

Denial

Depression

Disbelief

Disorganization

Dreams

Drugs and Alcohol

Emptiness

Explosive Emotions - Anger/Rage

Fear

Grief Attacks

Helplessness

Identifying with Symptoms of Physical Illness

Joy Guilt

Loss of Intimacy and Sexuality

Loss Feelings

Mystical Experiences

Numbness

Obsessive Review - Ruminating

Obsession with Personal Objects

Panic

Powerlessness

Psychological Changes

Regrets

Release

Relief

Relief Guilt

Sadness

Search for Meaning

Searching

Self-Focus

Shock

Sudden Mood Changes

Suicide Thoughts

Survival Guilt

Time Distortion

Yearning

Just because it's common, doesn't mean it isn't disconcerting and painful.

These sessions are not going to automatically take the pain away. In fact, at first, because you are concentrating on your Grief Work, you may even find that the pain is intensified — and that too is normal. You will be rewarded, however, by your commitment to a definite path of working it through, and that the light at the end of your tunnel will become brighter and brighter.

Adapted by Alan Taplow from UNDERSTANDING GRIEF, by Alan Wolfelt, Ph.D., Accelerated Development Publishers, 1992.

BEREAVEMENT SUPPORT GROUP
SESSION 2
COMMUNICATION WITH FAMILY & FRIENDS

1. **Last week's unfinished business.** Report on Phone Calls.
2. **Purpose of calls** - Dealing with isolation.
How were phone calls different from conversation with family and friends?
How are we hurt by the ones we love ?
3. **What are some of the cliches and euphemisms we've been hearing?**
 - You must get a hold of yourself. Can't let yourself fall apart.
 - Be strong! or better yet - Be strong - for the children.
 - I know exactly how you feel.
 - Well, at least he didn't suffer.
 - It's over now, let's talk about something pleasant.
 - The living must go on living.
 - He led a full life.
 - Time will take care of it.
 - God will never give you more than you can handle.

How about the euphemisms ?

 - She passed away.
 - He's gone to his reward.
 - I'm sorry Mrs. Smith, Your Dad's expired.
 - Grandpa went to sleep.
 - We've lost Mother.

Why can't we talk directly? Because I've never really learned how to handle my own grief.
4. **What is happening when people use cliches and euphemisms?**
 - Why do they do it?
 - How do you handle these statements and ones like them ?
 - How do you feel about family or friends when they speak this way.
 - How do you begin to forgive them.
 - Do they really know what to say ?
 - Did you know what to say, before you had your direct experience confronting the feelings you're living with?
 - Are they afraid of our feelings? How do they feel about themselves?
6. Elisabeth Kübler-Ross calls these statements "Phony Baloney."
Perhaps all we want is for someone to really listen to us. Perhaps we just want a simple honest expression of feelings, something like:
 - Could you tell me about it?
 - What happened?
 - I can't imagine how painful this must be.
 - What was your relationship like?
 - How about, simply, "I'm so sorry."

And then, have them shut up and listen to us.
7. Review Handouts — ***Please Listen!, Empowerment, Tears, Self-image, Companions***
We have a choice about how to deal with folks who seem unable to deal with us. We can get pissed off, write them off, and never speak to them again. We can tell everyone else how insensitive they are. Or, we can choose to recognize that they just never learned how to deal with pain, and we can try to preserve the relationship by educating them.
8. Conclusion
 - Summarize what we talked about.
 - New 3x5 cards, Phone Numbers for next week's calling.
 - **Bring pictures to next week's session.** This is an important session. If you think you will have problems bringing a picture, talk to your phone contact about those feelings, then come with a picture and see if how you really feel is what you anticipated you would feel — it will be a good learning about yourself.

Comments on Session 2

Start by going around the circle getting feedback from Session 1. “What’s been going on for you this last week — what feelings did you have after last week’s session — what was it like to write about your feelings?”

Don’t make any judgments about those who did not write — just gently encourage them to do so. Let feelings emerge — even if stories from last week are repeated.

Invite feelings about communications with others since the death.

Attempt to elicit from the group an understanding that no one else can solve their problems, but that people feel better when others just “really listen. Use handouts to reinforce these conclusions.

Be certain that participants are not using euphemisms for death — always refer to their loss with explicit language (DEAD, DEATH, DIED) rather than (passed away, gone, left us, etc). It is a purpose of the group to reinforce the *reality* of the loss.

Encourage participants to bring a picture with them next week. This should be presented “matter-of-factly,” not as a big deal. The purpose will be to help communicate the essence of the person who died to the others in the group.

Handout
Please Listen

When I ask you to LISTEN to me -
and you start giving advice
You really have not done what I asked.

When I ask you to listen to me -
and you begin to tell me why I shouldn't feel that way,
My feelings feel trampled upon.

When I ask you to listen to me -
and you seem intent on "solving" my problems,
You are failing me, strange as that may seem.

LISTEN!
All I ask - Is that you LISTEN.
PLEASE! - not to TALK or DO -
JUST HEAR ME.

Advice is cheap;
A quarter gets me both Dear Abbey and Billy Graham
in the same newspaper, and I can do that for myself.
I'm not helpless -
Maybe discouraged and faltering, but not helpless.

Please try to understand.
When you do something FOR me,
that I CAN and NEED to do for myself,
rather than helping, you contribute to my fear and inadequacy.

But when you accept as a simple fact
that I really do feel the way I say I feel,
no matter how irrational -
Then I can conserve my precious energy.
I then have the energy to get about this business
of understanding what's behind my irrational feelings.

And when that's clear,
the answers become obvious, and the advice becomes unnecessary.
I can make sense of my irrational feelings,
when I begin to understand what's behind them.

SO PLEASE LISTEN AND JUST HEAR ME.
And if you want to - or need to talk,
Wait a minute for your turn, and I'll LISTEN to you.

Adapted by Alan Taplow, from PLEASE LISTEN! by Dr. Ray Houghton, as published in "The Promise of Green", edited by Deborah Roth.

Handout

Empowerment

Some of us were brought up to merge our SELF, with the SELVES of those around us; in our family, in our schools, churches and other social organizations. Under the umbrella of FAMILY or GROUP, we learned to subvert our individual interests and needs to those of others who were more powerful, typically a more powerful parent, older sibling, a chronically ill family member — a school system, government bureaucracy and others.

In marriage, some of us continued that experience, subverting our needs to those of our spouse, children and aging parents. Our SELF, our INDIVIDUALITY may never have had the opportunity for full development. We never learned to exchange information and emotions with others while maintaining our separate individuality; we never learned to connect without merging, without loss of SELF.

When we are overly identified with OTHERS, we are said to have lost our BOUNDARIES. When we set BOUNDARIES, we are honoring that part of us which makes each of us a unique and important individual. Much of our unhappiness and desperation results from our inability to set BOUNDARIES. We have learned not to feel EMPOWERED to be our own SELF. We haven't learned how to be our self as a separate entity from someone else. Thus, inside ourselves, sometimes barely conscious, our body system continues to deny its unique existence.

In this session we will begin to acknowledge our unique PERSON-HOOD. We may need to learn how to undo years of practice where we gave priority to the needs of others rather than consciously acknowledging our own.

In this process, we will be careful of EXTREMES — we are not trying to establish WALLS — we are not looking for boundaries which are so rigid, that they are no longer permeable. We are, however, going to learn how to acknowledge and give importance to our needs as humans.

AFFIRMATIONS FOR EMPOWERMENT

I Can Heal I Can Trust

I Have Resources I Have Boundaries

I Can Experience Intimacy My Body Belongs to Me

I Have an Unconscious I Have a Future I Have Inner Guides

My Emotions Are Allies I Can Reject Others

I Can Release Self-blame I Can Participate in a Community

I Can Enjoy My Sensuality & Sexuality

I Can Change My Relationship to My Memory

I Can Support and Respect Myself

Adapted by Alan Taplow from an article by Stephen G. Gilligan

Handout

Please See Me Through My Tears

You asked, "How are you doing?"
As I told you, tears came to my eyes.
You immediately began to talk again, your eyes looked away from me,
your speech picked up, and all the attention you had given me went away.

How am I doing?
I do better when you listen to my response,
even though I may shed a tear or two, for I so want your attention.
But to be ignored because I have in me pain which is so indescribable
to anyone who has not been there — I hurt and feel angry.
So, when you look away, I'm again alone with it.

Really, tears are not a bad sign you know.
They're nature's way of helping me to heal.
They relieve some of the stress of sadness.
I know you fear that asking me how I'm doing brought this sadness to me.

No, you're wrong, the memory of my loss will always be with me,
only a thought away.

It's just that my tears make my pain more visible to you,
but you did not give me the pain, it's just there.

When I cry, could it be that you feel helpless?
You're not, you know.

When I feel your permission to allow my tears to flow,
you've helped me more than you can know.

You need not verbalize your support of my tears.
Your silence as I cry is my key,
Do not fear.

Your listening with your heart to "How are you doing",
helps relieve the pain, because once I allow the tears to come and go,
I feel lighter.

Talking to you releases things I've been wanting to say aloud,
and then there's space for a touch of joy in my life.

Honest, when I tear up and cry, that doesn't mean I'll cry forever —
maybe just a minute or two — then I'll wipe the tears away,
and sometimes you'll find I'm even laughing at something funny
ten minutes later.

When I hold back my tears, my throat grows tight,
my chest aches and my stomach begins to knot up,
because, I'm trying to protect you from my tears.
Then we both hurt — me, because I've kept the pain inside
and it's a shield against our closeness,
and then you hurt because suddenly, we're distant.

Please take my hand and I promise not to cry forever,
It's physically impossible, you know.
When you see me through my tears, then we can be close again.

Adapted by Alan Taplow, from a writing of Kelly Osmont, Portland Oregon

Handout

Self-image

Taking good care of ourselves during the time we are grieving, is one of the ways we approach reconciliation of our grief. A positive self-image helps us along the way. Answer these questions honestly — if you find you need to work on your self-image, this group may be able to help you.

1. In terms of attractiveness, I am:

- a. very attractive
- b. fairly attractive
- c. average
- d. passing
- e. unattractive

2. My Personality is:

- a. very interesting
- b. fairly interesting
- c. average
- d. passing
- e. dull

3. I have:

- a. much confidence in myself
- b. enough confidence in myself
- c. average confidence in myself
- d. little confidence in myself
- e. no confidence in myself

4. I think I get along with others:

- a. extremely well
- b. fairly well
- c. well enough
- d. not very well
- e. very poorly

5. When competing with others, I feel:

- a. I will usually win
- b. I have a good chance to win
- c. I will win sometimes
- d. I will usually not win
- e. I will probably never win

6. I dress:

- a. very well
- b. fairly well
- c. average
- d. don't care
- e. sloppy

7. When I walk into a room, I make a:

- a. good impression
- b. Fair impression
- c. average impression
- d. no impression
- e. dull impression

8. I accept personal compliments with:

- a. no embarrassment
- b. little embarrassment
- c. occasional embarrassment
- d. frequent embarrassment
- e. constant embarrassment

9. When with the opposite sex, I get along:

- a. very well
- b. fairly well
- c. average
- d. not very well
- e. very badly

10. In terms of maturity, I am:

- a. very mature
- b. fairly mature
- c. average
- d. below average
- e. immature

11. When among strangers, I feel:

- a. very comfortable
- b. fairly comfortable
- c. the same as usual
- d. uncomfortable
- e. extremely uncomfortable

12. I feel warm and happy toward myself:

- a. all of the time
- b. most of the time
- c. some of the time
- d. hardly ever
- e. none of the time

13. If I could make myself over, I'd be:

- a. exactly as I am
- b. about the same
- c. slightly changed
- d. greatly changed
- e. another person

14. I feel enjoyment and zest for living:

- a. all of the time
- b. most of the time
- c. some of the time
- d. hardly ever
- e. none of the time

15. I admit my mistakes, shortcomings and defeats:

- a. all of the time
- b. most of the time
- c. occasionally
- d. hardly ever
- e. none of the time

16. I usually feel inferior to others:

- a. none of the time
- b. hardly ever
- c. occasionally
- d. most of the time
- e. all of the time

17. I feel I am in control of my life:

- a. all of the time
- b. most of the time
- c. some of the time
- d. very little of the time
- e. none of the time

18. I have an intense need for recognition and approval:

- a. none of the time
- b. hardly ever
- c. occasionally
- d. most of the time
- e. all of the time

19. When I first meet people, they:

- a. like me very much
- b. like me well enough
- c. have an average impression
- d. have no impression
- e. dislike me

20. In terms of body image, I:

- a. like myself as I am
- b. like my sex
- c. am not sure
- d. prefer a different sex
- e. dislike myself

Score	a= 4	66-80	= Positive Self Image
	b= 3	51-65	= Acceptable Self Image
	c= 2	31-50	= Need Self Image improvement
	d= 1	16-30	= Significant Self Rejection
	e= 0	0-15	= Complete Rejection

Either extreme (0-5 or 75-80) may be an unrealistic outlook.

Taken from SELF-IMAGE MODIFICATION, by Donald Simmermacher, Health Communications 1981

Handout

A Companion along the Way

One of the most important things that one can do for a person in grief is to listen, because we need to tell our story over and over and over again. It seems like early on in grief, the head knows what's happened, but it takes a long time until the heart believes what's happened, and telling the story is the way that is accomplished. People who deal with a person who is grieving, I think, often worry that they don't know what to say. That's what people always say, and that's what keeps them away from a griever. "I don't know what to say. I might say the wrong thing." But what one needs to know is that you really need to say very little. Active listening is what's important.

I didn't know how intense emotions could be. There are all kinds of emotions that come to you in grief, but probably you've never had them so intense before, and those strong emotions are frightening. I think that's why people want to avoid grieving; it's hard. It's hard work. Some of the hardest feelings I had were certainly just plain sadness. Then, I felt so helpless. I would go over the scene again and again and again, trying to figure out whether I couldn't have done something, some help that would make it turn out differently. I always ended up at the same point; there was nothing I could do.

In my former work as a nurse, also in hospice work and now as a pastor, I work with people a lot who have had grief experiences in the past. You see it coming out in different ways as you counsel with them. Grievs that haven't been expressed never go away. They don't just disappear. You have to grieve, you have to get it out. And if you don't it's going to hurt you. It's going to hurt those around you and it's going to affect you physically, maybe even with illness. It's so important to get grief out. That's why we need people to listen to us.

Identify the feelings. Helplessness. I feel sad. Sometimes it's "I feel angry." You need to say that, then just keep talking about it. Feelings are very important and that's how listeners can help us — in getting the feelings out. There is a process. It's different for different people and different at different levels of grieving, but there's an initial period of grieving where I experienced shock. I felt just numb at times. It's very physical. I felt like I was disconnected from my body at times and it's frightening when you haven't had this happen to you before. Then in another stage I'd have an absolute obsession for my lost son. I'd have many dreams about him, would think I heard him coming up the stairs, or I'd think I even saw him, and I'd feel crazy at times. It's frightening if you don't know that this is normal. Then in another phase I'd feel very disorganized and physically depressed. If my body continued at the pace I had started out in the grief process, I'd definitely fall apart. It is really a gift that you get physically depressed in those months because it saves your body. Then finally I experienced a watershed when things begin to normalize again. I started to eat and sleep normally again. Life starts to fit into a normal pattern and that feels so good once more.

After the initial shock of grief, you feel like other people don't want you around when you're grieving. You don't like to be a sad person and people don't like sad people around, and so you just hide. It's hard for a person in grief to get started back to work again, back to church, back to the office, back into your routine. If there's any one wonderful thing that a person can do to help a griever, it's to say "Come with me. I'll sit with you in church," or "Let's go together to the office today," or something like that. You need someone to take your hand and help you back into your normal life — a companion along the way.

This material has been adapted from a transcript of a radio interview with the Reverend Corrine Chilstrom, Associate Pastor at St. Luke's Lutheran Church in Park Ridge, IL., conducted by Richard A. Jensen, Director/Speaker of LUTHERAN VESPERS, a radio ministry of the Evangelical Lutheran Church in America, based upon Pastor Chilstrom's book: "Andrew, You Died Too Soon." The subtitle is "A Family Experience of Grieving and Living Again."

BEREAVEMENT SUPPORT GROUP
SESSION 3
PAIN & SADNESS - CONFRONTATION & ESCAPE

1. Experience with phone calls - discussion of feelings.

2. Our natural reactions as humans

- Fight or Flight — Natural reactions — Either may be appropriate.
- Analogous to tonight's subject of Confrontation or Escape.

3. Confrontation While escape is sometimes appropriate — consider one of our opening statements *The only way to escape from feelings of grief is to go through it.* Therefore, the time comes when it is appropriate to Confront by outwardly Mourning our Grief.

4. Escape

We can easily put off facing the reality of our feelings

- maybe days or weeks, months or, yes, even years - even a lifetime.
- Not really escaping - there is no escape. We give, however, an appearance of escape.
- By not confronting and working through, the feelings may be ever present.
- If not in consciousness, they will work on our physical or emotional system, resulting in sickness and disease.

How do some of us escape our feelings?

- Addictions - Work - Drugs (tranquilizers) - Alcohol - Loving too much or inappropriately.
- Overeating or under eating.
- Activity frenzy - travel and busyness.
- Isolation - avoiding situations where I need to talk about my feelings.

In what ways are you escaping?

5. Confrontation

Deal with the reality of our feelings when we are ready to do so.

In doing so, we relieve the physical and emotional Inner -self of the need to indefinitely carry our pain.

How do we confront our feelings?

- Dispose of clothing and personal effects.
- Do some writing about our loss.
- Allow alone time to really *think* and *feel* vs frantic busyness.
- Talk about feelings and loss with others.
- Consciously externalize (physically express) our feelings.

6. Tonight

- In this safe environment - with your pictures
 - you will not only be sharing your feelings about the death of your (spouse, parent, child) you will have an opportunity to confront and externalize some of your feelings.
 - If this is not strange to you, you will reinforce what you are already skilled at doing.
- If it is, beginning in this safe environment will help form a pattern for your future needs.

7. Pictures

Tell us what this picture means to you?

What stories does it remind you of?

What feelings does it bring to the surface for you?

8. Conclusion

3x5 cards and call assignments

Comments on Session 3

Do a brief presentation on Johari's Window — bringing out that this group allows the beneficial expression of some hidden parts of ourselves — part of getting a better understanding of ourselves as well as further developing a sense of community within the group.

Review natural feelings and distortions as well as the value of externalization.

From this, lead into a discussion of confronting grief — the only way out is through.

Invite sharing pictures or stories which will make each person's loss more real to others. Ask participants to pass their picture around the circle while they tell everyone about the person, what this picture brings to mind and how they feel about it.

Conclude with discussion of how journal writings are working for each one.

If this session feels incomplete, let it continue next week. We have plans for 7 sessions, but the group meets for 8. It is expected that some sessions will overlap into 2, and that it will really take 8 weeks to cover it all.

The Photo Album of My Mind

by

Jeanne Losey, Shelbyville Indiana

The photo album of my mind,
Holds treasured thoughts of you,
And I can almost see again
The things we used to do.

I hear your voice, I see your smile,
I feel you close to me.
The photo album of my mind
Shows how we used to be.

Time may have changed us through the years,
But I will always find,
You're just as I remember in
The album of my mind.

And, as I turn page after page,
Such precious scenes I see,
The photo album of my mind
Is very dear to me.

It holds the pictures of our past,
Like reels of film unwind.
I cherish all those photos in
The album of my mind.

Reprinted with permission from author.

Handout

Johari's Window

For many of us, ever since we were little children, we have been conditioned by our parents, teachers and "society" to keep our feelings very private, hidden from the view of others. Some of us learned these lessons **so** well that we frequently are able to keep many of our feelings from ourselves.

Johari's Window helps us understand how we see ourselves and how others see us. It is a window of four panes — one of clear glass, two are "one way" panes and another is completely opaque

	Visible to you	Invisible to you
Visible to me	1 Clear Glass OPEN (I see, you see)	2 One Way Glass SECRET (I see, you don't)
Invisible to me	3 One Way Glass BLIND (You see, I don't)	4 Opaque SUBCONSCIOUS (You don't see, I don't see)

Window 1: **Visible to Me — Visible to Others;**

The part of me that is safe to share.
Typically: interests, vocation, etc.

Window 2: **Visible to Me — Invisible to Others;**

The secret part of me I fear sharing with another.
When I am no longer afraid, as I begin to trust,
I may choose to make my feelings visible to others.
This is called **Leveling**.

Window 3: **Invisible to Me — Visible to Others;**

Others see it by the tone of my voice, by my Body Language, and other subtle ways. **Confronting** is someone telling me how I appear to them.

Window 4: **Invisible to Me - Invisible to Others;**

Subconscious and not visible. Through **Leveling and Confronting**, we often get a glimpse into our unconscious.

Handout
Emotional Release
(The Cure for Pain Is in the Pain)
--Rumi

Since emotions are natural, they need to be felt, expressed, acknowledged and understood; they contribute to our psychological growth, health, learning and communication with others. If our emotions are not allowed their natural expression and development; if they are continually repressed or denied, the result is a distortion which is unhealthy for us both psychologically and physically.

	NATURAL EMOTIONS	DISTORTIONS
FEAR	Natural survival response, caution, startle response, flight/fight impulse.	Anxiety, panic, phobias, fears.
ANGER	Bring about change, self protection, assertiveness and firmness.	Rage, hatred, bitterness, resentment, self-hate, holding a grudge, powerlessness.
JEALOUSY	Stimulus that impels and motivates us to grow, improve, emulate another's behavior.	Ugly envy, put-down of self and others low self-worth, lack of self-esteem self-condemnation, compete, compare, criticize.
GRIEF	How we deal with loss, tears and sharing.	Regret, blame, remorse, guilt, self-pity, depression, martyrdom.
LOVE	Care, concern, how we deal with relationships, giving and receiving nurturing, emotional support, self love.	Conditional - I will love you if, Love with expectations, instability, clinging vine, possessiveness, demanding.

The distorted emotions make up a big pool of unresolved feelings and issues. Since these feelings are frequently hooked together, interconnected and confusing, (and may have been with us for a long, long time), don't be discouraged if at first you should find them difficult to identify and work with.

In Emotional Release the first step will be to identify "What's Wrong?" "How do I feel?" "What happened to me?" Then, you will learn how to safely discharge your distorted emotions and feelings by experientially releasing the pain and anguish. Finally, you will learn to move forward with a changed perspective which helps you create new goals and get on with living.

In giving expression to those feelings and emotions which make up your own particular unresolved issues, you will be dealing very much with the "here & now." Unlike other sessions where everything was "talked out" intellectually, this work involves the entire body system, and you will be encouraged to give your feelings both SOUND and MOTION. For this reason, you are likely to have an intense experience which will bring you into direct confrontation with your unresolved issues. For many, this work successfully helps to identify, work through and dispose of those issues which would otherwise continue to block your recovery.

Adapted by Alan Taplow from work of Vernon Johnson & Elisabeth Kübler-Ross Workshop Handouts.

BEREAVEMENT SUPPORT GROUP
SESSION 4
CARING FOR YOURSELF

1. - Report on phone calls.
- How did you feel when you got home after the session last week?
2. **How do you feel right now?**
How do you feel physically? Aches, pains, sickness?
How do you feel emotionally? Strong? Fragile?
Are you as intellectually alert as you were 2 years ago?
How about spiritual feelings - not necessarily religious - but spiritual.
3. **Let's talk about this in more detail.**
 - Physical Caring -**
Exercise - Walking, swimming, jogging, calisthenics - what else?
Rest and relaxation - picking times for resting.
Nutrition - regular eating times and balanced meals.
Massage - try it, you'll like it.
 - Emotional Caring -**
Become aware of your emotional and feeling beings.
Keep a journal of feelings.
Give yourself permission to express your emotions - holler, scream, cry, curse, laugh, etc.
Develop a friend who you can share anything with.
 - Intellectual Caring**
Take an adult education course.
Read a book every month - any book - just read.
Go to the library one day/evening every week - just browse.
 - Spiritual Caring**
Take a weekend trip to the mountains or beach - spend some time walking a trail - keep a journal on feelings and thoughts.
Go on a retreat
Take a spiritual workshop.
Revisit the religion of your childhood.
4. **Developing a Caring Plan**
Split into groups of Dyads or Triads.
Talk for 15 minutes about your caring needs.
Identify and write down one need you have in each category - physical, emotional, intellectual and spiritual.
Discuss and then write something you are going to change during the next week to begin to address each need written on your list.
List one area where you need help from someone else to make the changes you listed.
5. **Share Caring Plans with the group at large.**
Making commitments to the group.
6. **Close**
Phone numbers for next week - share your progress with the person you are calling.

Comments on Session 4

Reinforce, during this session, the Physical, Emotional, Intellectual and Spiritual Quadrants - that all of these are involved in each person's grief reconciliation.

If group is sharing readily, this is a good opportunity for the facilitator to just listen and observe. Try to let this session be more free form — get it going with a focus on caring for oneself, and then let it go on however it wants.

Love Thy Neighbor - as You Love Yourself

We were all taught this as children and really learned the LOVE THY NEIGHBOR part of it. How about the second part - do we really know how to LOVE OURSELVES? It is particularly important in times of GRIEF, that we know how to love, honor and take good care of ourselves.

1. Be Patient with Yourself

Go gently. Don't rush. Body, mind and heart need time to mend.

Don't compare yourself with others. Everyone is different and you have no way of knowing what's behind another's "public facade."

There is no fixed mourning period. The idea that "One year and it's over" is a fiction. Grief takes time - whatever time it takes.

2. Ask for and Accept Help

Learn how to ask for and accept help — it is a tough assignment for many of us who were taught to be independent. Do it anyway. Remember how good you feel when you help someone else. Now is not the time to deprive someone else of this good feeling.

Since others are not mind readers, don't be upset if someone doesn't spontaneously offer to help you. You must let others know how you are feeling, and what specific help you would appreciate.

This is a time where some naturally isolate from friends, family, the world in general. It is easy to fall into the trap of building a wall around yourself for protection. Hard as you may find it, in order to take care of yourself, this is the time you must take the initiative in reaching out to love and enjoy the people in your life.

3. Accept Your Feelings

Permit yourself to feel what wants to come up. You don't need to choose or control your emotions - they choose you and that's OK.

It's healthy to cry. Crying makes you feel better.

It's OK to be angry. You may be angry with yourself, God, the person who died... anger need not be "rational." Don't suppress your anger but do search for "safe" ways to express it - hit a pillow, hit magazines with a piece of hose, hit a punching bag, scream, chop wood, exercise, etc.

Emotions are so raw that many feel they are going crazy. You are not going crazy — you are reacting normally to intense grief. If you find yourself severely depressed and considering suicide, seek professional help immediately - your feelings have been shared by many and help is available.

Many people experience physical problems brought on by emotional stress. While this is not unusual, you need to attend to them by seeking appropriate medical help as you continue to work on your emotional and spiritual needs.

4. Lean into the Pain

You cannot go around it, over it or under it; to survive, you must lean into your pain and go through it. This means allowing yourself to fully experience your pain. If you deny or avoid this painful experience, you risk carrying your grief with you for an extended period of time, potentially resulting in far greater physical, emotional or spiritual damage than any pain brought about by expressing your natural feelings of grief.

Be careful of the use of alcohol, prescription drugs, tranquilizers and other substances to ease the pain. Such substances often mask the pain and risk addiction; they don't end it. Grief work ends sooner when your mind and body are clear.

Be determined to work through your grief, seeking whatever emotional or spiritual help is necessary to help you through it.

5. Be Good to Yourself

Keep a journal about your feelings — it's a way to express your feelings and to measure your progress.

Get adequate rest. Go to bed earlier. "Sleep in" more often. Take time for yourself. Arrange for a well balanced food plan.

If weekends, holidays etc. are particularly difficult times, schedule activities you find especially comforting in these periods.

Moderate exercise helps (walking, swimming etc.) It offers an opportunity to work off frustration and may aid sleep.

Don't feel guilty about having a good time with family or friends. Having a good time is not inconsistent with recovering from your grief.

Try to avoid making major life decisions, particularly if there is any comfortable way of postponing them. Buying and selling homes, moving, new relationships, etc, are best avoided during your initial grief work.

Plan things which you can look forward to a trip, visit, lunch with a friend. Start today to build memories for tomorrow.

Find quotes or posters which you feel are helpful to you and hang them where you can see them.

Become involved in helping others — "you get by giving away." Perhaps you will want to volunteer time for an organization - phoning, attending meetings, typing, collating. It does much to ease the pain.

Take a hot relaxing bath, bask in the sun, take time for yourself — movie, theater, dinner out, read a novel, etc.

Learn something new you've always wanted to do but never got to - tennis, bridge, hobbies, crafts, writing - whatever it is for you, give it a try now.

6. Remember - It Takes Time

Try not to have unrealistic expectations — you will get better, but grief does take time. Progress is not always even - two steps ahead and then some steps back - some days better than others. Hold on to hope - a renewed sense of purpose will develop gradually.

Handout

Life Quality Inventory

During this session, we are going to talk about maintaining health at a time when all systems are likely to be under unusual stress. Grief often has a dramatic effect on a mourner's physical, emotional and spiritual system. At best, it is sometimes a difficult process to bring these systems into balance, particularly so if we aren't fully clear about ourselves.

This inventory is worthless unless you are completely honest with yourself. Obviously, you

don't need to share your answers with anyone else, so please, be totally honest with yourself. This will help you clarify where you are and help you establish goals for any changes you feel you may want to bring about. Many have made good use of these questions as topics for their confidential journal writing. After becoming clear on these topics, you may choose whether or not it will be helpful or appropriate for you to share portions with anyone else.

(Where applicable circle your choices)

1. **EATING PATTERNS:** Only eat when hungry - Eat to a schedule - Eat sit down meals
- Eat on the fly - Balanced meals - Snack Food - Binge - Binge & Purge
- Eat for comfort whether or not hungry.
2. **WEIGHT:** How much do I weigh? ____ - How much did I weigh a year ago? ____ - 5 years ago? ____
- What is my ideal weight? ____ - Am I gaining or losing & is this what I want to happen? ____
3. **SLEEP:** Am I able to go to sleep easily? ____ - Do I wake up much at night? ____ - Changes in sleeping patterns? - Get up easily in the morning? ____ - Hard to get out of bed in the morning? ____
4. **TEARS:** When did I last cry? ____ - Easy to cry - Hard to cry - When I cry, I find I can't stop - Crying gives me relief - I can or can't cry in front of others - Only can cry with someone I know well - I burst out crying at the slightest provocation - I'm embarrassed when I cry - I never know when I'll cry.
5. **ANGER:** I never show my anger - I can't contain my anger - My anger spills over to others
- This bothers me or I'm OK with it - When I'm angry, I let it out - How do I let my anger out?
- I bear grudges & it's hard to forgive.
6. **GUILT:** I feel guilty about ____ - I can talk freely about these feelings - I've never told anyone about these feelings - I frequently, sometimes, never experience feelings of remorse
- I find talking about my feelings helps me.
7. **SEXUAL FEELINGS:** I often, sometimes, never have any sexual feelings - When I have such feelings, I've gone with them, repressed them - I miss my former sexual activity to what degree? - I masturbate frequently, sometimes, never - If I do, I experience it as satisfying, unsatisfying; something I accept as OK, or do and then regret and feel guilty about - I have formed other sexual relationships and find this satisfying, unsatisfying; with or without feelings of regret or guilt.
8. **ANXIETY / PANIC:** I get panic attacks often, occasionally, never - They last for days, hours, just moments. - I can get them under control - they are uncontrollable.
9. **DREAMS:** I dream frequently, occasionally, never - I keep having the same dream over & over again
- I remember my dreams always, sometimes, never - my dreams are usually remembered as pleasant, neutral, unpleasant, nightmares with physical after effects.
10. **SPIRITUALLY:** How has my spiritual dimension changed in the last year, last 5 years? - I am content, disturbed or neutral about my spiritual nature - My spirituality and my religion are merged or are very separate dimensions for me - I am at peace with myself - I am in inner turmoil about my relationship with the universe.
11. **FEARS:** My greatest fear right now is _____.
12. **CALM SCENE:** When I am calm, my visualization is _____.
13. **SHARING:** I am aware of the parts of my self I am willing to share, and why - I am aware of the parts of myself I am not willing to share, and why.

CONTROLLING STRESS WITH YOUR CALM SCENE



The day to day difficulties of modern society are a cause of stress. You may not be able to avoid them or get rid of them, but you can learn to control them. Try this approach — it works!

You are being asked to create, in your mind, a visualization and feeling in which you can experience a unique sense of peace - a oneness with the world.

Some have remembered a time when they were particularly connected with "nature", perhaps on top of a mountain looking off into the valley below, surrounded by silence; others perhaps at the shore, looking off into the vastness of the ocean horizon. Some have associated calm with a single moment, where for an instant they felt a certain peace, or even absence of conflict, where there was a pause in the cares of the world, and a sense of peace descended over them.

Whatever your unique visualization, there are certain guidelines to use in selecting a CALMSCENE which will serve you as you continue on your particular journey:

- SPECIFIC SCENE:** The scene should be a specific place - not a general or vague memory like "in the woods somewhere."
- ALL SENSES:** To make your image clearer, use all your senses. What do you see? What do you hear? What do you smell? What do you feel?
- NO OTHER PEOPLE:** You need to select a scene where you are absolutely alone and safe.
- LIMITED ACTIVITY:** Your physical activity should be limited. Excessive activity tends to remove the aspect of CALM you are looking for.
- NO SUBSTANCES:** Your remembrance of CALM, in order to be useful in your journey, should not be influenced by drugs, alcohol or tobacco.

Now that you have selected your CALMSCENE, write a short paragraph to describe it. Describe where you are; what you see; what you hear; what you smell or taste; how you feel and where in your body you have this feeling.

You will be using your CALMSCENE frequently in your journey. Now as you relax for a moment and enter into your CALMSCENE, "anchor" it with a touch - let one of your hands clasp your other wrist. You will find it nearly impossible to deliberately clasp your wrist in the future without bringing your CALMSCENE into mind, and feeling a wave of calm and peace gently surge through your body/mind. Enjoy the serenity!

Adapted by Alan Taplow based upon writings of Frances E. Cheek, Ph.D.

BEREAVEMENT SUPPORT GROUP

SESSION 5

ANGER

1. Report on phone calls.
Report on progress in changing ways of caring for yourself. What did you do differently? What changes are you making?
2. Anger is such a common and deep seated emotion that we need to deal with it separately and in depth.
First - read handout on hidden anger.
How do you know when you are angry? What wants to happen to you?
 - **Physically** — Red in face, high blood pressure, fists clench, muscles tighten, heart races, adrenaline pumps, etc.
 - **Emotionally** — Cry, yell, scream, curse, feel sad, be afraid.
 - **Spiritually** — Guilt?But instead of what wants to happen, what does happen? Do you physically and emotionally restrain your anger — then what happens?
Takes longer to discharge — sometimes discharges into the body, or discharges with erratic behavior (common with children who are repressed in expressing their anger), or discharges in lifetime bitterness.
3. Discuss early learning — as a child, what happened when you displayed your natural anger?
4. Anger doesn't need to be reasonable or rational. You may be angry at:
 - A. **Medical establishment** — Individuals or institutions — hospice.
 - B. **The person who died** — for leaving; not leaving soon enough; drain on finances; for beneficiaries in the Will; not listening to me about smoking, drinking, etc.
 - C. **Relatives and Friends** — For not visiting, insensitivity, not behaving to my expectations.
 - D. **God** - for not minding the store, deserting me in hour of need, ignoring my prayers, letting my husband/wife suffer.
 - E. **Others** — For murdering, for letting them abuse him/herself
 - F. Anger directed inward toward ones self is one form of GUILT.
5. How can we safely process our anger. Remember, the only way to escape from anger, like grief, is by confronting it and working it through.
 - A. **Physical externalization:** Hitting things — I like to use a rubber hose on old phone books. You can beat on pillows, throw a bowling ball, go to a driving range and hit a hundred golf balls. Run. Anything physical which does not involve frustration — don't hit golf balls if you keep missing or topping them.
 - B. **Emotional externalization:** Cry, yell and scream. Go to the end of an airport runway and wait for the jets to take off. Do it in your car. Throw a tantrum in your bedroom - combines physical and emotional release. When was the last time you had a "gut cry?"
 - C. **Intellectual externalization:** Write - keep a journal and write of your anger - how it started, how you feel about it - does it scare you?, what you do about it, where it has you choked up. If you're angry at an individual, write a letter and let it all hang out. If your writing skills need development, take a journal writing workshop. Continue to talk about your anger in groups such as this.
 - D. **Spiritual externalization:** Begin or maintain a contact with your Higher Power as you experience such a power. Spend time in still meditation. Spend a half an hour listening to soothing music and let your mind wander - don't impose your will on your thoughts — don't judge or analyze, just let them occur and NOTICE what wants to come through. Then after it's over, write for 5 minutes or speak into a tape recorder to capture what you've just experienced. If your spirituality is closely aligned to your "religion," revisit your association with the faith of your youth or the faith of your rebirth.

6. **It is important for you to learn how to externalize these feelings.**

Externalizing is addressing unfinished business, and things left undone seem never to go away.

It is not a sin to be angry — it is a sin against your being to continue to hold repressed anger.

You will want to learn to release your anger safely and in a manner which is appropriate - for you.

Discuss how to form a plan to uncover and deal with your anger.

7. **Active forgiveness.**

It is difficult to get on with your own life without, in some way, forgiving those who have or do now anger you. Few find it possible to forgive without first externalizing the anger - otherwise it's just words but not a deep unconditional feeling.

Active forgiving involves letting issues pass through — noticing them, and letting them go. The confessional works for some.

8. **Conclusion**

What happened for you tonight?

Set up next week's calls.

Comments on Session 5

During this session on Anger, you may choose to combine it with the next session on Guilt - frequently guilt becomes evident alongside anger, and rather than segment it, deal with them together. You will then end up with two sessions on the combination of strong feelings and emotions - particularly anger and guilt.

Sometime, during the two sessions, introduce the topic of Forgiveness, and see where it goes. Some will have great difficulty with this - don't try to push anyone into forgiving - just introduce it and see where the group wants to go with it.

For many, guilt is anger directed inward toward oneself - so in many ways it is the same thing.

Handout

Hidden Anger

Anger is a natural human emotion. We are all born with the capability of letting others know we are distressed. As infants, we showed our natural anger by getting red in the face and crying at the top of our lungs. Perhaps as yet undisciplined little people, we threw ourselves down on the ground and screamed and kicked when we didn't get what we wanted. Parents scolded or spanked us for doing this, so little by little we learned not to be violent or physically express our natural angry feelings. Perhaps we learned we could use words instead - but for most of us, that too was strongly discouraged— not an acceptable means of expression. Then there are "under the breath" sarcastic remarks and vindictive thoughts which permit us to drain some of our natural "anger energy", yet that too, we were taught is not nice thinking.

As we grew up, most of us became quite adept at hiding and repressing our natural angry feelings — so much so that we were often able to convince ourselves we weren't really angry, when deep down, our insides were raging. Denial and self-deception were ways we learned to tell ourselves we we're OK, except that the anger feelings were still there, no matter how well we covered them up.

Would you call yourself an angry person? What do you do with your natural anger? Are you one of those many people who deny you have any negative feelings and just don't get angry? Before we talk about ways of discharging anger, circle the signs of hidden anger which apply to you. Be honest with yourself - If you can't, then let's talk about other issues you may have in addition to anger.

ANGER SIGNS

1. Procrastination in the completion of imposed tasks.
2. Perceptual or habitual lateness.
3. A liking for sadistic or ironic humor.
4. Sarcasm, cynicism or flippancy in conversation.
5. Over-politeness, constant cheerfulness, attitude of "Grin and Bear It."
6. Frequent sighing.
7. Smiling while hurting.
8. Frequent disturbing or frightening dreams.
9. Over-controlled, monotone speaking voice.
10. Difficulty in getting to sleep or sleeping through the night.
11. Boredom, apathy, loss of interest and enthusiasm.
12. Slowing down of movement.
13. Getting tired more easily than usual.
14. Excessive irritability over trifles.
15. Getting drowsy at inappropriate times.
16. Sleeping more than usual - maybe 12 to 14 hours a day.
17. Waking up tired rather than rested and refreshed.
18. Clenched jaws / grinding teeth - especially while sleeping.
19. Facial tics, spasmodic foot movements, fist clenching and similar repeated physical acts done unintentionally or unawares.
20. Chronic depression - extended periods of feeling down for no reason.
21. Chronically stiff or sore neck.
22. Stomach ulcers.

Don't be surprised if you circled a few of these signs. A majority of "nice" adults are going around with hidden anger. Some of us have learned how to discharge our anger in appropriate ways. Some of us have gotten or will get physically ill as a means of discharging our anger. Let's talk about anger and discuss some safe and appropriate ways of dealing with this feeling.

Handout
Anger Quotations

Those tormented by the pain of anger,
Will never know tranquility of mind,
Strangers to every joy and pleasure;
Sleep deserts them, they will never know
rest. — Shantideva -8th century

The greatest remedy for anger is delay.
— Seneca

An angry man opens his mouth and shuts
up his eyes. — Cato

Anger begins with folly, and ends with
repentance. — H. G. Bohn

Anger blows out the lamp of the mind.
— Robert Green Ingersoll

I was angry with my friend:
I told my wrath, my wrath did end.
I was angry with my foe:
I told it not, my wrath did grow.
— William Blake

Keep cool; anger is not an argument.
— Daniel Webster

Men often make up in wrath what they
want in reason.
— William Rounseville Alger

Anger is a momentary madness, so control
your passion or it will control you.
— Horace

When a man is wrong and won't admit it,
he always gets angry. — Haliburton

Anger is as a stone cast into a wasp's nest.
— Malabar Proverb

An angry man is again angry with himself
when he returns to reason.
— Publilius Syrus

Anger is seldom without argument but
seldom with a good one. --Lord Halifax

When angry count four; when very angry,
swear. — Mark Twain

Anger and intolerance are the twin enemies
of correct understanding.
— Mahatma Gandhi

Anybody can become angry--that is easy;
but to be angry with the right person, and
to the right degree, and at the right time,
and for the right purpose, and in the right
way--that is not within everybody's power
and is not easy.
— Aristotle

Wise anger is like fire from a flint: there is
great ado to get it out; and when it does
come, it is out again immediately.
— Matthew Henry

Handout

A LIST OF FEELINGS

*This list may be helpful for those who are searching
for ways to express a larger range of feelings.*

Abandoned	Calm	Despair	Ernest	Hapless
Absorbed	Capable	Despondent	Evil	Happy
Aching	Captivated	Destructive	Exasperated	Harassed
Adamant	Certain	Determined	Excited	Hardy
Adequate	Challenged	Different	Exhausted	Hateful
Affected	Charmed	Diffident	Exhilarated	Heartbroken
Affectionate	Cheated	Diminished	Exultant	Heavenly
Afflicted	Cheerful	Disappointed	Fainthearted	Helpful
Afraid	Cheerless	Disconsolate	Fascinated	Helpless
Aghast	Cheery	Discontented	Fawning	Heroic
Agog	Chicken	Discouraged	Fearful	Hesitant
Agonized	Childish	Disgusted	Fearless	High
Airy	Clever	Dismal	Fed-Up	High-Spirited
Alarmed	Combative	Dismayed	Fervent	Hilarious
Almighty	Comfortable	Distracted	Festive	Homesick
Ambivalent	Competitive	Distraught	Fidgety	Honored
Angry	Complacent	Distressed	Flat	Hopeless
Animated	Compulsive	Distrustful	Flustered	Horrible
Annoyed	Concerned	Disturbed	Foolish	Horrificed
Anxious	Condemned	Divided	Frantic	Hostile
Apathetic	Confident	Dominated	Free	Hot-Headed
Appalled	Confused	Done in	Free & Easy	Humiliated
Apprehensive	Conspicuous	Doubtful	Frightened	Hurt
Ardent	Contented	Downcast	Frisky	Hysterical
Ashamed	Contrite	Downhearted	Frowning	Ignored
Astounded	Convivial	Drained	Frustrated	Ill at Ease
Audacious	Courageous	Drawn to	Full	Immortal
Avid	Cowardly	Dreadful dreary	Fuming	Imposed upon
Awed	Creative	Driven	Funereal	Impressed
Bad	Crestfallen	Dubious	Furious	Impulsive
Beatific	Cross	Dull	Furious	In a Huff
Beautiful	Cruel	Eager	Gallant	In a Stew
Betrayed	Crushing	Ecstatic	Gay	In Despair
Bitter	Culpable	Elated	Genial	In Pain
Blissful	Curious	Electrified	Glad	In the Dumps
Blithe	Cut to Pieces	Empty	Gleeful	Incensed
Blue	Daring	Enchanted	Gloomy	Indecisive
Boiling	Dark	Encouraged	Glum	Indigent
Bold	Dauntless	Energetic	Good	Infatuated
Bored	Debonair	Enervated	Gratified	Inflamed
Boxed in	Deceitful	Engrossed	Greedy	Infuriated
Brave	Defeated	Enjoyable	Grief	Injured
Bright	Dejected	Enraged	Grieved	Inquisitive
Brisk	Delighted	Enterprising	Groovy	Insecure
Buoyant	Depressed	Enthusiastic	Guilty	Inspired
Burdened	Desirous	Envious	Gullible	Intent

Interested	Messed up	Pleasant	Settled	Terrible
Intimidated	Mirthful	Pleased	Sexy	Terrified
Intrigued	Miserable	Precarious	Shaky	Threatened
Irate	Misgivings	Pressured	Shocked	Thwarted
Irresolute	Moody	Pretty	Sick & Tired	Timid
Irritated	Moping	Prim	Silly	Tired
Isolated	Mournful	Prissy	Skeptical	Tortured
Jaunty	Mumpish	Proud	Sneaky	Tragic
Jealous	Mystical	Provoked	Snoopy	Tranquil
Jocular	Naughty	Put down	Solemn	Transported
Jolly	Negative	Quaking	Somber	Trapped
Jovial	Nervous	Quarrelsome	Sorrowful	Trembling
Joyous	Nice	Queer	Sparkling	Troubled
Jubilant	Niggardly	Questioning	Spirited	Ugly
Jumpy	Nutty	Rage	Spiteful	Unbelieving
Keen	Obnoxious	Rapturous	Sprightly	Uncertain
Kicky	Obsessed	Reassured	Startled	Uneasy
Kind	Odd	Refreshed	Stingy	Unhappy
Laconic	Offended	Rejected	Stout-Hearted	Unsettled
Lazy	On Top	Relaxed	Strange	Up in Arms
Lecherous	Opposed	Relieved	Stuffed	Useless
Left out	Oppressed	Resentful	Stunned	Vehement
Let down	Out of Sorts	Restless	Stupefied	Victimized
Licentious	Outraged	Reverent	Stupid	Violent
Lighthearted	Overwhelmed	Rewarded	Suffering	Virulent
Lively	Pain	Righteous	Sulky	Vital
Lonely	Panicked	Rueful	Sullen	Vivacious
Longing	Panicky	Ruptured	Sunny	Vulnerable
Loving	Parsimonious	Sad	Suppressed	Woebegone
Low	Passive	Sanctimonious	Sure	Woeful
Low Spirited	Pathetic	Sated	Surly	Wonderful
Lugubrious	Peaceful	Satisfied	Suspicious	Worked up
Lustful	Perplexed	Saucy	Sympathetic	Worried
Mad as Hops	Persecuted	Scared	Talkative	Worthless
Maudlin	Petrified	Screwed up	Tempted	Wrathful
Mean	Piqued	Secure	Tenacious	Wrought up
Melancholy	Pitiful	Self-Reliant	Tense	Yellow
Menaced	Pity	Serene	Tentative	Zealous
Merry	Playful	Servile	Tenuous	

BEREAVEMENT SUPPORT GROUP
SESSION 6
GUILT
OPEN DISCUSSION

1. Review of unfinished business from last week. Discuss networking phone calls.
2. GUILT: Substitute the word RESENTMENT for Guilt and see what happens.
I feel guilty about not taking good enough care of _____. I resent the demands placed upon me when I was taking care of _____.
 - Last week we mentioned that guilt is often a result of being angry with ourselves. However that is only part of it. What is GUILT?
 - If you had to put guilt in your body, where would it be for you? If you gave guilt a color, what color would it be? If guilt had a sound, how would it sound?
3. What is your first remembrance of feeling guilty. What were the circumstances surrounding it. Who labeled it for you and told you it was "guilt?"
What productive thing does guilt do for me? Is this thing really productive?
4. Do an intensification meditation. Select an incident. Describe the feeling. Now intensify that feeling — feel just the way you felt. Work in a dyad. Put your partner in the posture appropriate to your guilt feeling. Teach your partner how to feel the way you feel when you are having that guilt.
5. Does knowing we are not alone in our guilt help, in any way?.
Why do we need forgiveness from someone in order to get over the intensity of our feeling? Some have expressed this in terms of Wood Carving - **sanding down the rough edges**.

If we need forgiveness from our dead spouse, how are we going to go about getting it?

What has to happen to be free from our feelings of guilt?
6. OPEN DISCUSSION
Throw open for discussion - let topic drift if it wants to - keep silence until someone talks.
7. Review the session.
Calling cards for next week.

Comments on Session 6

This is really a continuation of the session on Anger and other strong emotions associated with grief. Try to keep the discussion related to grief and bereavement rather than a general discussion of how angry or guilty I am. Discussion can easily get away from its applicability to grief.

Handout

What Is Guilt

Even though we intellectually know that we are unable to undo the past, our inner-self will sometimes not let us *off the hook*. For many of us, the perceived deeds or omissions of the past keep coming back, again and again and again, as if a needle were stuck in an old record. Over and over it keeps whispering -

you should have -

you shouldn't have -

If only you had -

Sometimes it is an incessant inside voice which will just not stop - even at 3 in the morning.

Sometimes we know our *fault* is imagined. Though it is not visible to the rest of the world, we still cannot seem to let go.

Sometimes our fault is real - we really *were* clearly wrong. If we only had a chance to do it over we would now want to do something quite different.

The uncomfortable feelings we have are known as GUILT.

Does it help us to know that Guilt is common?

Does it help to know that in the majority of cases we couldn't or wouldn't *really* do anything different if we had another chance, particularly if we were operating with the same information we had at the time?

Does it help for some of us to know that we are already forgiven by our *higher power*. Our problem may be that we never really learned how to forgive ourselves?

How then, do we deal with Guilt?

We may first acknowledge its presence - first to ourselves and then to another person. A clear statement to myself that:

"When Fred was dying, I was cranky and irritable and never really told him I loved him."

"Would Joan have committed suicide if she hadn't discovered that I was having an affair?"

"I knew Joseph's smoking was killing him, and I never successfully was able to insist he stop."

"Something inside of me was saying I should have stayed at the hospital the night that Harvey died. Because I was tired, I didn't listen to myself. He died alone and I'm so unhappy that we never got to say goodbye."

We may need to express it in many ways - perhaps in writing or in conversation - we may need to act it out - we may need to identify a color, sound or picture to it. A hidden secret guilt seems to be with us forever - a guilt out in the open seems to lose all its power to continue haunting us.

How do we deal with others?

There are many who want to tell us our guilt is groundless - that we *couldn't* have acted any other way; that we *shouldn't* be feeling the way we are feeling. While most of these comments are gratuitous, at some level it *may* be helpful for some of us to hear that the rest of the world doesn't appear to judge us as harshly as we are judging ourselves. We may have a difficult time listening to these well wishing people, for we know that they are incapable of *really knowing* what we are feeling.

Clarity

We know that our feelings are always justified — in our eyes — at the moment we are feeling the way we do. What we often don't recognize is that our perspective is frequently obscured by the traumatic events which have taken place in our lives. That as we gain clarity and our perspective changes, our feelings of guilt also have the capability of changing.

So how do we go about gaining clarity? Once we acknowledge our guilty feelings and listen to others tell us why we should or shouldn't feel this way, it is helpful for us to clearly review the circumstances which led to our feelings. These should be written to be certain we haven't missed anything. We should then list all the reasons we might be feeling and reacting the way we are - we should also list the mitigating circumstances which help to explain why we acted that way.

Resentment

Many psychologists have found a link between *resentment* and the feelings which we call guilt. Since guilt is often a reaction to things resented, it is sometimes useful for us to list all the people, circumstances or things we resented which helps feed our feelings of guilt.

For instance:

I resent that I had the responsibility for having to decide whether or not Henry remained on life support.

I resent that I was put in the position of needing to be Harry's nurse for the last 3 years - I never asked for that role nor was I particularly qualified for it.

I resent that Joan treated me so poorly that I felt I needed other personal companionship.

I resent being unable to say goodbye.

Try it — for each guilt, put the words *I resent* before the situation.

Listen to this:

Does it talk to you?

Can you associate with the resentment within the situation which you are using to abuse yourself.

In our session tonight, we will be talking about some of these guilts, and resentments and our feelings about them.

Handout
SALUTATION TO THE DAWN
A Sanskrit Meditation

Look well to this day,
For it is life,
The very essence of living.

In its brief course lie
all truths and realities of existence -

The wonder of growth,
The glory of action,
The splendor of achievement.

While yesterday is but a dream,
And tomorrow is only a vision,
Today, well lived -
Makes every yesterday a
Dream of Happiness,
Makes every tomorrow a
Vision of Hope.

I look well, therefore, to this day.

Bereavement Leads to Personal Growth

Grief is the process of healing from the pain of loss.

When you permit yourself to experience the full range of emotions surrounding your loss, you may rediscover important parts of yourself and experience a high degree of personal growth. Called "grief work," this process may lead to a new life if you disregard those who would have you "be strong" and "not cry." These well-intentioned but ill-advised admonitions inevitably sabotage a successful passage through your necessary bereavement process.

If you fail to ventilate your natural feelings, you avoid successful "grief work" and make yourself particularly vulnerable.

Sorrow, guilt, anger, depression, loneliness, fear, anxiety and shame are all normal emotions associated with bereavement that need to be voiced openly and honestly. When you tell your story over and over to sympathetic listeners, you clarify what has happened and find it easier to accept the reality of your loss. This makes it more possible to go on living.

Because mind and body are not separate entities, the deep wounds accompanying your loss frequently have physical consequences.

Symptoms may include a feeling of tightness in the throat, shortness of breath, frequent sighing, an empty feeling in the stomach, lack of muscular power, exhaustion and digestive problems. Unexpressed grief often carries a risk of developing auto-immune disorders, arthritis, cancer, heart disease, recurring ulcers, skin irritation and "nerves."

To avoid many of the health problems that may accompany grief, you need to get frequent checkups, eat regular nutritious meals and drink plenty of fluids. Try to surround yourself with a loving, supportive social network, engage in regular exercise, be certain to make time for extra rest and practice relaxation to offset the profound stress you are experiencing.

At any point in time, one of the following stages will frequently describe your feelings. There is no predetermined order to these stages, each person is different and you may find yourself drifting in and out of any of them at different times. Most people experience periods of shock, denial, anger, bargaining and depression before reaching the final stage of accommodation.

The loss of a loved one will shatter your illusion of invulnerability and independence, exposing a degree of dependence upon the one you have lost. Shock and Denial, often the first stages of grief, act as a buffer until you build other defenses. During this period, you may feel fatigued, exhausted, forgetful and disoriented, as if injected with an emotional anesthetic that seems to numb you from the enormity of your pain.

Once the reality of the loss is acknowledged, anger may emerge. People frequently feel enraged at being abandoned; sometimes they place their anguish on doctors, clergymen, relatives and friends. It would not be unusual for you to feel guilty about expressing anger at the one you lost, yet should these feelings emerge, it is natural and necessary to allow and ventilate these feelings. By voicing your negative emotions and avoiding self-recrimination during this natural unburdening process, you may more easily proceed on your journey of accommodation to your loss.

During the bargaining phase, you may find yourself negotiating with God or life, hoping that intercessory pleas will undo the past. During the depression phase, recognizing the irreversibility of events on a psychological level, you may easily withdraw into yourself, mourning for what has been and what will never be.

When reconciliation finally occurs, a new sense of identity emerges. Often a painful confrontation with yourself will take place, and when emerging from the transformation fires, some will feel reborn into the world as an integrated, functioning individual. Living through the experience is a great achievement, and to those who successfully complete it, strength, health and commitment to life return.

During the identity crisis triggered by death, psychologists say that men are more likely than women to sabotage grief by internalizing their feelings. Unless they overcome the socialization process that encourages them to be "strong and silent," they run the risk of prolonging the grieving process and developing psychosomatic illnesses.

Women, on the other hand, tend to express their losses more openly, in part because they have social permission to be emotional and in part because they confide in other women as part of their social support system. But unlike men, psychologists observe, they may stay locked in the depression phase longer, fearing to assume responsibility for their social and economic independence.

When, through inner struggle, you successfully accomplish your grief work, you may experience a sense of completeness, as if dues have been paid. The sadness may never disappear, but it tends to become integrated into your ongoing sense of identity. The strange sensations and physical reactions gradually disappear, the feeling of being an "outsider" vanishes, energy returns and you may rejoin the world, recommitted to life and glad to be alive.

Adapted by Alan Taplow from a writing by Ronald S. Miller

BEREAVEMENT SUPPORT GROUP

SESSION 7

RECONCILIATION

1. Review Phone Calls — Unfinished Business.
2. Discuss CHANGING PERSPECTIVES.
 - We have all heard the cliché - Time Heals. Well we know that the mere passage of time just doesn't make it suddenly "all right."
 - We know that from moment to moment we are never quite the same. The experience of each moment changes our outlook on the next moment.
 - Changing perspective can work for you once you realize and accept that the world is never static.
 - Review Merry-Go-Round analogy. ***Life as a Carousel or Merry-Go-Round. What goes around, comes around, with all life's ups and downs, and we are always on a Journey of exciting discovery, looking to see "what's around the bend."***
3. Review these *tasks of reconciliation* — where have you been with these?
 - a) You learn to effectively experience and express outside of yourself, the reality of the death.
 - b) You allow yourself to fully embrace the pain of the loss, while learning how to assure that you are nurtured, physically, emotionally and spiritually.
 - c) You learn to convert your relationship with the person who died from one of interactive presence to one of appropriate memory.
 - d) You learn to develop a new self-identity based on a life without the person who died.
 - e) You begin to relate the experience of the death to a context of new meaning in your life.
 - f) You develop a lasting network of support to help you through the process.
What are your feelings - what have you been experiencing - what are you looking forward to experiencing?
4. Needs we have been discussing and working on:
 - To express your grief.
 - To learn to take care of yourself.
 - Physically
 - Emotionally
 - Intellectually
 - Spiritually
 - To learn how to develop new relationships. While honoring the memory of your spouse, learning to replace the day to day relationship with other types of experience.
 - Some things we have not discussed which some may need or want to discuss:
Financial counseling - Estate planning - Debt consolidation. Our sexual dimension - our sexual needs — physical and emotional.
 - Go over handout on "What I Need"
5. Where are we now - where do we go from here.
 - Some need alone time for reflection and integration.
 - Some need to continue some sort of group contact.
 - Some may need professional social or psychological support.
 - Some may need additional individual intensive work in expressing grief.
 - Each person needs to work out a plan for him/herself.
6. Closing ritual using "As We Close."

Comments on Final Session

While this is labeled session 7, it should have taken 8 weeks to cover these subjects, allowing for an extra session to work its way in.

It is important that participants reflect on where they are at the moment relative to the 6 steps of reconciliation. Discuss this and ask them to go around the room and articulate, emphasizing that no two people are expected to be alike. Review what has been discussed during the 8 weeks in terms of the Reconciliation Needs of the Mourner.

Try to develop some sort of ceremony for closing — a time to bring closure to the group in a way which leads each person to think about where s/he was 8 weeks ago, where s/he is right now and what s/he thinks he still needs to do to more fully reconcile her/himself with his/her loss.

Have sometimes sung a chant and asked them to join in it - repeating it maybe 10 times, at loud and soft pitches, while standing in a circle holding hands: Sounds sloppy? Well it is, but even tough guys will do it and get something from it. It makes a nice closure and is often followed by hugs.

From thee I receive,
To thee I give,
Together we share, and
From this we live.

Inspired by Robert Gass, On Wings of Song

When possible, I try to have some light refreshments for folks to unwind and say their farewells .

Handout

What I Need

TIME	Time alone, and time with others whom I can trust and who will listen when I need to talk. Months and years of time to feel and understand the feelings which go along with loss.
REST	I may need extra amounts of things I needed before. Relaxation, exercise, nourishment, diversion, hot baths, afternoon naps, a trip, a cause to work for to help others, any of these may give me a lift. Grief is an emotionally exhausting process. I need to replenish myself — to follow what feels healing and what connects me to the people and things I love.
SECURITY	I need to reduce, or find help for financial or other stresses in my life. I need to allow myself to be close to ones I can trust. It helps when I allow myself to get back into a routine, and to do things at my own pace.
HOPE	I find hope and comfort from those who have experienced a similar loss. Knowing some things that helped them, and realizing that they have recovered and that time does help, gives me hope that sometime in the future my grief will be less raw and less painful.
CARING	I try to allow myself to accept the expressions of caring from others, even though they may be uneasy and awkward. Helping a friend or relative suffering from the same loss often brings me a feeling of closeness with that person.
GOALS	It often feels that much of life is without meaning. At times like these, small goals are helpful. Something to look forward to, like playing tennis with a friend next week, a movie tomorrow night, a trip next month, helps me get through the time in the immediate future. Living one day at a time is a good rule of thumb. At first, my enjoyment of these things just isn't the same. I know this is normal. As time passes, I will need to work on some longer range goals to give some structure and direction to my life. It is OK to get some guidance or counseling to help with this.
SMALL PLEASURE	I no longer underestimate the healing effects of small pleasures. Sunsets, a walk in the woods, a favorite food — all are small steps toward regaining my pleasure in life itself.
BACK-SLIDING	Sometimes after a period of feeling good, I find myself back in the old feelings of extreme sadness, despair or anger. Intellectually, I know this is often the nature of grief, up and down, and it may happen over and over for a time. I'm told, this is because as humans, we cannot take in all of the pain and the meaning of death all at once. So, I give myself permission to let it in a little at a time.
DRUGS?	Drugs are not always helpful. Sometimes, even medication intended to help me get through periods of shock may prolong and delay the necessary process of grieving. I cannot prevent or cure grief. The only way <i>out is through</i> .

* * *

Adapted by Alan Taplow from Judy Tatelbaum's book, *THE COURAGE TO GRIEVE*

AS WE CLOSE . . .

I do not know if you feel it - as I feel it.

Perhaps so . . . Maybe not . . .

But for me,
I sense here
A dimension of love for each other
That is absolutely unique.

I know for sure
That with each passing week
We have become more precious to each other.

And . . .
One of the reasons this is so,
Is that here
We didn't need to hide behind a mask -

That this corner of our world was safe
For us to share a bit of our
Hurts and sorrows,
Worries and dreams,
Fantasies and pleasures,
Anger and insights.

Each struggle, shared . . .
Brought a new dimension to my being,
And to those who witnessed and shared with you.

Thank you for sharing with me.
I hurt with you,
Though capable of just a tiny bit of your hurt,
That tiny bit was often hard for me to bear.

There is no doubt that I feel weak . . .
Yet thankful for the ability to so feel.
For somehow or other,
In the sharing of our vulnerability,
There has emerged a meaning and strength
Never experienced when we were "strong",
With our weakness unable to emerge.

Namaste . . .
An ancient Sanskrit salutation . . .
"I honor that place deep within,
Where you . . . and I . . . are one."

Adapted by Alan Taplow from LOUIE, by Shirley Holzer Jeffrey as it appears in
Elisabeth Kübler-Ross' book, DEATH - THE FINAL STAGE OF GROWTH

Handout

So What Now?

So you've been attending a support group for nearly 2 months! What were your expectations? Some entered this experience with hopes that something would happen which would make the pain go all away. Others suspected that the support group would not be a "magic bullet," but that it could only help. Some had no well defined expectations — perhaps just knew inside that they needed to do something, and this was here to do.

Early on, we learned that this is grief work, with an emphasis on work. During this last session we will review the 6 Tasks Of Reconciliation which you are in the process of experiencing. It is time to take a mid-term measurement of where you are in the fulfillment of these tasks. This may help to focus your energies as you continue your work without this particular formal group.

1. **You learn to effectively experience and express the reality of the death to others.** For many, this group was the first opportunity to do this. For others, it was a continuation and reinforcement of what was started elsewhere. It is necessary to continue the process of expressing your feelings, whether that be talking regularly to others, writing in your journal or any other form of outside expression.
2. **You allow yourself to fully embrace the pain of the loss, while learning how to assure that you are nurtured, physically, emotionally and spiritually.** Over and over we heard that the only way out is through - that if I am in a safe place I will permit my feelings to surface and be experienced. Stifling the pain prolongs the agony. This is also a time for learning or relearning how to care for our physical, emotional, and spiritual selves.
3. **You learn to convert your relationship with the person who died from one of interactive presence to one of appropriate memory.** This is a process which cannot be deliberately willed. Please don't try. Just make a mental note of it as something which is in the process of happening at a non-conscious level, and allow your sub-conscious to do its work without interference.
4. **You learn to develop a new self-identity based on a life without the person who died.** Each person's journey is different, and your individual timing is unique. Each day, some experience takes place which continues building your new self-identity. For some, who may have had a deeply enmeshed relationship, this may be a difficult task. It isn't a sign of weakness to seek professional help.
5. **You begin to relate the experience of the death to a context of new meaning in your life.** For many, death brings about questions regarding the meaning of life and its transitory nature. There are no universal answers to many of these questions, however the process of seeking them often brings a meaningful answer to each individual. Allow yourself time for your own discovery of meaning - don't permit others to rush you with their "pat" conclusions.
6. **You develop a lasting network of support to help you through the process.** Hopefully, this group was a useful step toward learning to establish a lasting support network for yourself. Through our emphasis on phone calls and networking, perhaps you reinforced your ability to reach out. For some this was easy and others very difficult, but please — keep trying. Continuing to reach out will help your reconciliation process. Be careful — you will find it also causes other miracles in the world — be sure to notice them as they occur.

Adapted by Alan Taplow from *Understanding Grief*, by Alan D. Wolfelt, Ph.D.

**Bereavement Support Group
Additional Materials**

Grief Work & Boundaries

A boundary is a limit or edge that defines **you** as separate from **others**. When that boundary is indistinguishable from the boundary of others, the relationship is called **enmeshed**. When someone crosses your boundary without your full consent, your boundary has been **violated**.

An understanding of boundaries, those which have appropriately been healthy for you and your past, current and future relationships is particularly useful when dealing with the changes brought upon you with the death of someone who has been a significant part of your life. Some of you will discover that your appropriate boundaries were inappropriately enmeshed with a deceased partner or were even violated by that partner. In order to constructively deal with your loss, you may be needing to better understand that relationship and to learn whether or not there is a danger of having it adversely affect your future well being. Many changes will be brought about by your loss. Better understanding your rightful boundaries is an important part of shaping that change in a physically and emotionally healthy manner.

A boundary may be **physical** — like where and when you are comfortable being touched by others, how close you want to be to others, how physically involved you are comfortable being with others. It is in respect for the accidental violation of another's physical boundary that in our first session we asked you not to hug or physically comfort another without first getting that person's consent - we cannot "mind read" and assume the boundary of someone else is the same as our own.

A boundary may also be **emotional** — a result of how you act with others or will permit others to act with you, communicate with you, be with you - and how you permit yourself to feel in a variety of life situations.

A boundary may be **visible**, obvious or apparent to you and to others; or may be **invisible**, where you or others are not aware that it exists or even that it has been violated.

Given a particular relationship or situation, your boundary may be different than in another relationship or situation. There are appropriate boundaries and inappropriate boundaries for you in varying situations and relationships.

Your boundaries were learned as a result of your experiences as children and in the process of growing up. Because you may have learned a set of inappropriate boundaries - this doesn't mean that it is necessary to use this as an excuse not to change your self-image and your life to learn and begin to practice something more appropriate. An honored teacher has impressed me with the slogan "While problems in life are inevitable, suffering is not." You are allowed to make appropriate changes in your image, outlook and behavior.

PHYSICAL BOUNDARIES

You have a right to control of your body. You need not let anyone get closer to you than your true inside feelings tell you is **comfortable**. Sometimes, however, you may discover that you have been conditioned to accept something as outwardly comfortable which, were you in good communication with your inside feelings, you would realize is making you **uncomfortable**. Incidentally, this is true for emotional as well as physical boundaries. Do you know and insist that your boundary of physical closeness, sexual contact, and degree of touch are honored and not **violated**?

EMOTIONAL BOUNDARIES

Emotional boundaries are more varied, often more invisible, frequently more deeply ingrained in your upbringing, and sometimes more difficult to change than the physical.

Take a quick test — Do You:

- * Pretend to agree when you really disagree? "I love that color" when you really hate that color.
- * Conceal your true feelings? "That's OK, I'm not hurt" when you were terribly hurt.
- * Go along with an activity you really don't want to do, never stating your preference? "That movie is fine with me" when you would rather have taken a walk.
- * Declining to join an activity you really want to do? "No thanks, you guys go ahead" when you're aching to belong.
- * Push yourself beyond your limits?
- * Work too hard or work too long?
- * Do too much for others?
- * Not rest when tired?
- * Ignore your needs? Not eat regularly? Not get sufficient sleep?
- * Get too little or too much alone time?
- * Get too little or too much exercise?
- * Have too little or too much leisure activity?
- * Have insufficient contact with persons who really care about you?
- * Use chemicals to avoid yourself? — alcohol, drugs, tranquilizers, caffeine sugar, etc.
- * Use compulsions to avoid yourself? — eating, starving, exercise, work, shopping, spending, TV, sex, games, sports. All can be done appropriately or can be done compulsively.

To the degree that you are comfortable, let's discuss some of the boundary issues we each may have encountered in our previous relationships as well as desirable future changes which we may recognize. We are only equipped to touch the surface in this type of discussion — should you realize you may have had a problem with boundaries in the past and wish to prevent similar problems in the future, a more intensive work on your personal boundaries may greatly benefit from the professional direction of a therapist or trained counselor.

Adapted by Alan Taplow from an excellent book entitled "BOUNDARIES - WHERE YOU END AND I BEGIN" by Anne Katherine, MA, Parkside Publishing, 205 W. Touhy Ave, Park Ridge, Illinois 60068.

The Family Meeting

The Family Meeting Process has been used successfully by family units to establish and maintain an elevated level of communication based upon honesty and openness in the disclosure of feelings. This process will work with any family unit of two or more people living together. To be effective, all persons living together under the same roof must participate — it just doesn't work if any family member is excluded.

THE FAMILY MEETING PROCESS

1. Select a "Sacred Time" agreeable to all family members. It is **essential** the sacred time be honored - all other family and individual activity must be planned around this time. Keeping this "Sacred Time" is a covenant by each individual which gives honor to the importance of the family unit.

2. The Family Meeting is held once a week at the agreed upon "Sacred Time." Family members will take turns convening the meeting.

3. The convener will begin the meeting by sharing his or her own reality with the other family members. This self-disclosure is designed to include all positive and negative feelings; for example:

- * "This is my hurt, my pain..."
- * "I am feeling guilty for having done..."
- * "I feel angry when ..."
- * "I feel proud of myself for..."
- * "This is the "space" I am in right now..."

4. It is extremely important that the person sharing only talk of his or her own feelings. This is not the time to talk about others, nor is this the time to lecture, preach or gripe.

No one is allowed to interrupt the one who is disclosing him or herself. Other family members must listen until it is their turn to share.

When the first person is finished sharing, the next person is not to answer or defend against feelings previously shared by another, but begins to share his or her direct feelings.

This process continues uninterrupted until all have shared.

5. When all family members have finished sharing, a discussion period is held only for the purpose of clarification. It is important to keep this time free from advice, argument and problem solving; stick only to clarifying what was heard to be certain it was what the other person really meant to convey.

- * "I heard you say....., does that mean you were?"
- * "I didn't understand what you meant when you said....."
- * "Please repeat....., I'm not sure I really understood you."

6. In the event of a disagreement or fight, no one is allowed to leave the room until an agreement has been reached which is satisfactory to all family members. Difficulties can be solved by honest conversation which honors each person's individual feelings.
7. Fair Fighting - Fighting is not necessarily bad. If the fighting is fair, communication continues. The real enemy of communication and relating is "silence."

Remember:

- * Never attack; keep the focus on self, using "I" statements: I feel, I sense, I think, I will.
 - * Repeat everything you think you hear to the person who said it. "I heard you say...." Then "listen" for the confirmation.
 - * Regardless of how foreign to your own ideas and values, take everything that is said, seriously. Making light of another's honest feelings is a devastating "put down."
8. This process is not intended to solve individual problems which are best served by qualified therapists. It is an excellent means of using openness and honesty to nurture the family unit by promoting both self-disclosure and the art of listening.

The Family Meeting was adapted from Bill Coleman, AADT

Holiday Survivorship Skills

The holidays are a traditional time of joy and laughter, sparkle and glitter, sharing and gift-giving. But for people who are grieving, the holidays may seem inappropriate, affronting, and painful.

The holidays are a time for remembrance of past celebrations. Present and future get-togethers are opportunities to break away from everyday stress. But for people who are grieving, the holidays may be a time of mixed emotions, feelings of being overwhelmed with multiple demands, and the pain of loves lost. As the holidays approach, think about how you take care of yourself during this vulnerable time.

Helpful Hints for Surviving the Holidays

1. **Acknowledge Grief Work As Real Work.** Adjustment to the death or dying of someone close to you does not simply come with time. The work of grief demands that you deal with all the feelings that loss engenders. This work takes psychic and physical energy that can leave you unable to deal with the extra demands of the holiday season.
2. **Allow Yourself To Be Merely Human.** Avoid being a perfectionist during the holidays. Let some things slide. If you really want to do all the cooking and baking, let the dusting go. Enlist the aid of others "in the holiday spirit of sharing." You do not have to do it all yourself this time.
3. **Plan Ahead.** Sit down with your family and friends ahead of time to discuss and decide those activities, experiences, and people that make the holidays special for you. Decide to do a few special things with a few special people, not everything with everybody.
4. **Set Limits.** Tell your family, friends, and yourself now and continue to remind them that you are on a stress reduction diet this holiday season. You will not be over-doing, over-shopping, over-cooking, over-complying, or over-worrying this year. Put a sign on your bathroom mirror or refrigerator to remind yourself or others.
5. **Change Shoulds To Wants.** Be aware of your own statements to yourself. Are you saying "I should do this or that?" Decide which of your "shoulds" you really "want" to do and make those your priorities. Remember: You should not "should" yourself; there are enough other people doing that already.
6. **Strive For a Balanced Lifestyle.** With all the parties and demands of the holidays, it is difficult for anyone to get enough rest and exercise. It is easy to overindulge.
 - * Set Exercise as a Priority - It is an antidote to depression.
 - * Learn Relaxation Techniques - They are an antidote to stress.
 - * Don't Overdo the Eggnog - Alcohol is an antidote for nothing.

7. **Tell Others Clearly What You Want And Need For The Holidays.** Do not be shy or embarrassed to let others know what you want from them in terms of emotional support, help, or sharing. Mind-reading of yours or others' needs is best left up to fortune tellers. Unknown expectations generally go unfulfilled and lead to disappointment and bad feelings.
8. **Honor The Old/Create The New.** If this is the first holiday time without your family member, include your deceased loved one to the extent that you can; the memory of him or her will be with you this holiday season no matter what you do. Consider giving gifts in acknowledgment of your dying family member or in memorial to the deceased; consider giving love to others in honor of the love you have received. Only you can put the joy into the holidays.
9. **Be Generous To Yourself.** The holidays are a time of real and symbolic gift-giving. What are you giving yourself this season? When the new year rolls in, what will be your answer to the question: "What supportive and caring thing did I do for myself this holiday season?"
10. **Celebrate Life.** It seems like an impossibility for someone in grief to find joy and peace at any time, but especially during the season for joy and peace. This is your challenge. Life is worth living only to the extent that we make it so. Survivorship means more than merely surviving; it means fully living. Search for the living path for you, and start now!

This material was prepared by Ellen S. Zinner, Psy.D., and based on materials developed in part by Sally Featherstone, RN.

Aid to Marriage After the Death of a Child

1. Don't expect your spouse to be a tower of strength when he or she is also experiencing grief.
2. Be sensitive to your spouse's personality style. In general, he or she will approach grief with the same personality habits used in approaching life. It may be very private, very open and sharing, or somewhere in-between.
3. Find a sympathetic ear, (not necessarily your mate) — someone who cares and will listen.
4. Do talk about your child with your spouse. If necessary, set up a time period daily when you both know that it is time to talk about your child.
5. Seek the help of a counselor if depression, grief or problems in your marriage are getting out of hand.
6. Do not overlook or ignore anger causing situations. It is like adding fuel to a fire. Eventually there is an explosion. Deal with things as they occur.
7. Remember, you loved your spouse enough to marry. Try to keep your marriage alive; go out for dinner or an ice-cream cone; take a walk; go on a vacation.
8. Be gentle with yourself and your mate.
9. Join a support group for bereaved parents. If you are unable to attend as a couple, come by yourself or with a friend. It is a good place to learn about grief and to feel understood. Do not pressure your spouse to attend with you if it is not his or her preference.
10. Join a mutually agreeable community betterment project.
11. Do not blame yourself or your mate for what you were powerless to prevent. If you blame your spouse or personally feel responsible for your child's death, seek immediate counseling for yourself and your marriage.
12. Realize that you are not alone. There are many bereaved parents, both locally and nationally.
13. Choose to believe again in the goodness of God and of life. Search for joy and laughter.
14. Recognize your extreme sensitivity and vulnerability and be alert to the tendency to take things personally.
15. Read about grief, especially the books written for bereaved parents.
16. Take your time with decisions about your child's things, change of residence, etc.
17. Be aware of unrealistic expectations for yourself or your mate.
18. Remember, there is no timetable. Everyone goes through grief differently, even parents of the same child.
19. Try to remember your spouse is doing the best he or she can.
20. Marital friction is normal in any marriage. Don't blow it out of proportion.
21. Try not to let little everyday irritants become major issues. Talk about them and try to be patient.
22. Be sensitive to the needs and wishes of your spouse as well as yourself. Sometimes it is important to compromise.
23. It is very important to keep the lines of communication open.
24. Work on your grief instead of wishing that your spouse would handle his or her grief differently. You will find that you will have enough just handling your own grief. Remember, when you help yourself cope with grief it indirectly helps your spouse.
25. Value your marriage - you have lost enough.
26. Hold on to HOPE. With time, work and support you will survive. It will never be the same, but you can learn again to appreciate life and the people in your life.

Panic Attacks

(draft - outline incomplete)

Panic Attacks are episodes of acute fear - in some cases terror - a fear which comes from within - a fear which suddenly appears and incapacitates without any apparent cause or rational explanation. For many, it is so irrational that they are afraid to tell anyone else about their incident for fear they will be judged mad, crazy, insane, off his/her rocker.

Some have described their attacks as: feeling I will faint or even die on the spot. I can't breathe. I am hyperventilating. My heart is pounding like a drum. My hands are trembling. My legs feel they are made of Jello.

Typically, a panic attack is preceded by a period of stress overload. The person experiencing it is generally in a run down condition, poorly nourished for the amount of stress being carried. Frequently s/he is exercising a great deal of introspection and worry about stress-related symptoms.

Before proceeding with the treatment plan outlined below, it is necessary for a medical doctor, one with a good understanding of nutrition and the effect of body chemistry on the autonomic nervous system, to eliminate certain conditions which could be organic causes for episodes of panic. Some of these may be Mitral Valve Prolapse, Inner Ear Problems, Premenstrual Syndrome, Enzymic Impairment or a body chemical imbalance. Let your doctor know you wish to eliminate these and other potential organic causes and intend to try a treatment program which does not involve drugs. Take control of your body and mind - don't permit anyone to get you into a chemical drug/medication trap without a second opinion and clear evidence of organic problems.

RECOVERY

This is an outline of a 7 step recovery program utilized by the Panic Attack Sufferers Support Group (PASS) . It is basic and easy to understand. It is easy to accomplish but requires one major willingness — a willingness to make changes. If we continue to do the same things and when they don't work try them again, but harder, we know we continue to get the same results. A willingness to do something different from what we currently do is necessary for this program to put an end to your attacks of panic, fear and terror.

Step 1 - Diet

Yes, it's true. You are what you eat. Since panic attacks are often closely related to the effect of the body's blood sugar, it is necessary to maintain a balanced food plan:

- * Eat varied, well balanced meals.
- * Eliminate the simple sugars - corn syrup, sucrose, fructose, dextrose.
- * Avoid alcohol.
- * Spread out your meals - 5 or 6 little ones each day. Have small amounts of protein with each meal.
- * Avoid caffeine
- * Take multi-vitamin/mineral supplement daily.
- * Go easy on fats and salt.

Step 2 - Relaxation

Relaxation is a learned skill, and needs daily practice. Body chemistry changes with relaxation. Endorphins which promote calm good feelings are produced under circumstances of relaxation. During relaxation, Adrenaline production, which is often associated with panic and fear is lessened. Practice diaphragmatic breathing rather than upper chest breathing. Learn to stretch your body with slow soft stretches — tai chi and dancing accommodate this need. Learn progressive relaxation - use a tape, app or podcast to help you.

Learn this quieting reflex which you can do unobtrusively anywhere, anytime.

- * Smile inwardly - unclench your teeth and jaw.
- * Tell yourself - my eyes are twinkling and sparkling.
- * Imagine you are inhaling through holes in the bottom of your feet, up through your legs and into your stomach. Feel the upward flow of warmth and heaviness.
- * Imagine the air flowing back down through holes in your feet, taking all the tension along with it. Let your jaw, tongue and shoulders go limp.

Practice this over and over again until you can perform it instantly - at times of panic onset it really works.

Step 3 - Exercise

A regular exercise routine provides effective oxygenation of your body system. It need not be overly strenuous, just regular. Try swimming, brisk walking, running in place, bike riding, rowing, dancing, jogging, rope jumping, calisthenics. Among all its other benefits, exercise also helps dissipate anger. Common sense precautions:

- * Check with your doctor before beginning an exercise program.
- * Don't begin if you are just recovering from a cold, flu or other illness. When you resume, do it gradually.
- * Don't overdo it. Pace yourself. Work at a comfortable speed.
- * Always begin an exercise session with a warm-up. Stretch, start up in slow motion. gradually wake up the body.

Step 4 - Attitude

- * Letting go to be in control. Paradoxical? Yes. But it works.
- * Learning to honor and develop your courageous self.
- * Allowing
- * Using positive imagery and affirmations.

Step 5 - Imagination

- * Openness to new situations - learning.
- * Acting As If
- * Creative uses for fantasy

Step 6 - Social Support

Network, Network, Network

Step 7 - Your Spiritual Side

All this material adapted by Alan Taplow from PANIC ATTACK RECOVERY BOOK, by Shirley Swede and Seymour Sheppard Jaffe, MD. (Signet, 1987).

Purchase of this excellent guide is strongly recommended.

Suicide

Nearly every grief-workgroup facilitator, sooner or later, finds a group member who begins to talk in language suggestive of suicide. Frequently, someone will say

- * "I feel so depressed, I wish I would just go away and be with him."
- * "My wife and I were together always. I can't go on without her. When I go home at night I feel like ending it all."

So here you are with your group — what do you do or say? How do you know whether this is a normal phase of mild depression, or whether your group member is really going to act on his/her statements?

Well, the simple fact is — YOU DON'T KNOW. However, there are some things you will do to get a little better idea whether it is likely that someone will act upon their feelings.

Initially, you may want to acknowledge the validity of the group member's feelings. Denial with such statements as "John, you know you don't really mean that," or "Mary, think about it, you have everything to live for," frequently cause the group member to suppress his/her feelings, and right now you want to have those feelings elicited and expressed, or you will never get any further information as to how serious is his or her intent.

In most cases, you will find that these are natural valid expressions with scant likelihood for execution, but we can never take it completely for granted. One approach might be -

"Many people seem to have these feelings, John. Tell me, how long have you felt this way?" Perhaps address the group to see if others feel this way. Attempt to steer group comments with regard to these feelings.

Get John to talk a bit more in the group, if it is appropriate and if you feel comfortable handling it. Otherwise, tell John that these are common feelings and you would like to talk with him about them after the group, but right now there are other concerns for the group to talk about. But then, **you must** follow up with him immediately after the session.

You are doing this to find answers to the following questions:

- * Is there a definite plan for committing suicide (time, place, method)?
- * How intense are the impulses?
- * How long has the person had these ideas?
- * Are others involved in the plan? If so how?
- * Was there a precipitating event? Why is suicide being considered now?
- * Is there a history of suicide attempts in the past?

What to do with this information:

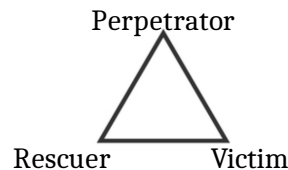
Unless you are professionally trained and certified to handle suicide interventions by your sponsoring organization, do not under any circumstances attempt an intervention.

Your role at this point is to acknowledge the feelings, elicit information, and pass this information along to a professional at the sponsoring organization. It is important that each incident of suicidal feelings must **immediately** be passed along to the social worker or clinical supervisor at your sponsoring organization.

Triangles

In school, we all learned that the triangle was the most rigid and unmovable structure, used to brace everything from buildings to tables. Triangles are also a rigid structure in many relationships. Unfortunately, the rigidity and predictability which is so useful in architecture is not quite as beneficial when applied to human relationships. The triangle I am going to describe will be familiar to most of you. You will undoubtedly identify with many aspects of it through your own experience as well as your observations of others.

Our Triangle is frequently called the "Victim Triangle," descriptive of one of its vertices. The others are labeled "Perpetrator" and "Rescuer." We are going to trace how people learn to interact with each other in these three:



The relationships in the victim triangle are continually in a state of playing "games." Defined in the study of Transactional Analysis, "games" are patterned routines which permit people to interact without really addressing their core issues.

Let's look at an example taken from a family situation where a domineering father consistently perpetrates misery on his daughter, who he accuses of promiscuity. The mother, in trying to keep peace becomes the rescuer to the victimized daughter by intervening on her behalf. The mother then becomes the victim when accused by the father of always covering up for her daughter. She in turn becomes the perpetrator by refusing intimate relationships to her husband. He now feels the victim for just trying to properly train his daughter. The roles in this type of situation are continually changing as each party plays the game.

In many family relationships, the identical process is played over and over and over. The family seems to thrive on its dysfunctional game playing. Its purpose, though, is to keep the family from confronting its real issues — perhaps the real promiscuity of the daughter, perhaps the job frustration of the husband, perhaps the problems of intimacy experienced by the mother. Perhaps the mother starts the game so she has an excuse not to have sex with her husband. Perhaps the daughter purposely goads her father in order to get loving support from her mother. Perhaps the father is judging his daughter because he is unable to control any other aspect of his life. There may be many motives, overt as well as hidden.

Can you identify any of the triangles in your life? Do you permit yourself to become a victim, and then persecute the individual victimizing you? Do you ever turn persecutor on a rescuer, perhaps an over-attentive parent, in a cry for independence?

Let's discuss some of the triangles you have observed, and what real issues are being masked.

Grief & the Young Widow

- * In one moment, my life! my hopes!, my dreams! — how could my world turn upside-down so suddenly and completely?
- * After years of preparation for life together with a man I admire, respect and love, I find myself with overwhelming responsibilities and an overpowering aloneness.
- * I find myself with so many unsatisfied needs - physical needs, emotional needs, intellectual needs, spiritual needs.
- * I really don't know how to be a single parent - I'm scared.

These statements may represent many of the feelings and concerns of women who are widowed early in their married life. While the grieving process is similar to those experiencing any loss, the content and prescription for reconciliation requires an emphasis on a number of special activities.

Some of the dynamics which are unique to many young widows:

Major Loss

This is the first time ever that I've had a major loss - of anything or anybody. Some will state that life up till now has been so normal and predictable - school, perhaps college, idyllic romance, my own home, children, developing careers — everything according to the American Dream and expectation — ever onward and upward and this year better than last. Of course, there was nothing to prepare me to deal with major and often sudden reversal.

Aloneness

There have always been people around. Father, Mother, Sisters and Brothers, college roommates, the old high school gang, dances, hanging out with friends, my special boy friend, fiancée, lover, husband, perhaps children. Now it is me alone or me and my kid(s). No adult to talk to, to listen to me, to touch me, to take care of me, to sleep with me, for me to listen to and care about and take care of. The world is organized for couples and I'm not part of that anymore. It is all gone and I am alone with myself or kid(s) who are so demanding of my non-existent energy.

Male Dependency

Can I be a fulfilled woman without male intimacy in my life? All my social modeling has been centered around being with a man. My physical, emotional and sociological needs require the close presence of a man in my life. Am I capable of attracting someone else now that I'm older and perhaps have kids. Am I going to change my attitudes about the need for male companionship? How am I going to find someone else - anyone else?

Loneliness

This is separate from aloneness. Aloneness is being alone and perhaps missing the adult activity I once enjoyed. But this overwhelming all encompassing feeling of loneliness is separate and apart from being alone. It is my wave of depression which may be present even when I'm at work or around others. I can feel lonely even when I'm not alone. It's just different — I'm not certain I want to go on living this way. My loneliness really stems from my feelings of worthlessness — I've always needed the company and admiration of others to feel valuable. I have lost what I had and I am lonely.

Responsibility

I am a responsible person, but I never had this degree of responsibility thrust upon me before and don't know how to handle it. I'm really scared. There is the financial concerns of how I'm going to support myself; my kid(s). Just being alone and facing the raising of children in this day and age is frightening. How am I going to provide, how am I going to take care of all these possessions, how am I going to assure I have proper child care while I go back to work?

The Unknown

What will become of me? Will I ever love again? Will I live the rest of my life feeling the way I do right now, and if so, is it all worth it? This decision, that decision, am I doing it correctly - what would HE have done?

Reconciliation

Let's frame this in terms of Alan Wolfelt's six Reconciliation Needs of the Mourner - emphasizing those reconciliation activities needing particular attention by young widows.

1. You learn to effectively experience and express outside of yourself, the reality of the death.

Choosing to attend a group is a positive initial step. I tell my story — express my feelings — over and over again to whomever will listen without them offering inane advice. I need compassionate listeners now, not advice which just causes me to shut off my feelings.

2. You allow yourself to fully embrace the pain of the loss, while learning how to assure that you are nurtured, physically, emotionally and spiritually. This means that I don't shut off my feelings — at appropriate times and in appropriate places I permit myself to cry, to feel depressed, to feel scared — that I share these feelings with others. In doing this I also commit to establishing a routine which provides exercise, regular nutritious meals, a time to memorialize, a time for friends, journal keeping with particular regard to my feelings and speculation on a meaning in my life.

3. You learn to convert your relationship with the person who died from one of interactive presence to one of appropriate memory. This is a process which cannot be deliberately willed. I don't even try. I just make a mental note of it as something which is in the process of happening at a non-conscious level, and allow my sub-conscious to do its work without interference.

4. You learn to develop a new self-identity based on a life without the person who died.

Over time, I learn that I am an important person in my own right. I inventory my needs and set out a plan to fill in areas where I might have depended upon my husband and others. This may involve establishing new relationships which I will do without guilt. I am a worthy human being who deserves the company of others and has a valuable relationship to offer others. My new relationships will be just that — new, not considered a replacement of my old relationship.

5. You begin to relate the experience of the death to a context of new meaning in your life.

In this process of reconciliation, I have learned much about myself and life. I have slowly developed a new perspective on living which honors each relationship as a unique gift from my higher power — most particularly my new relationship with myself. I find that I have much to offer others who may be traveling my same road.

6. You develop a lasting network of support to help you through the process.

I begin to realize that there are others who can help me. Perhaps I've reconnected or strengthened the bond with my immediate family or extended family. Perhaps I've discovered the nature of true friendship and have been more discriminating in whom I place my confidence. I've learned that it is so difficult to do it all alone and that I can count on the love and help of others who have shared similar experiences.

HELPS ALONG THE WAY

The following books provide useful information and make excellent references for group discussion:

Too Good for Her Own Good:

Searching for Self and Intimacy in Important Relationships

by Claudia Bepko, Jo-Ann Krestan
(Harpercollins) ISBN: 0060920815

The Dance of Anger :

A Woman's Guide to Changing the Patterns of Intimate Relationships

by Harriet Goldhor Lerner, Ph. D.
(Harpercollins) ISBN: 006091565X

How to Survive the Loss of a Love

by Melba Colgrove, Harold H. Bloomfield,
Peter McWilliams (Prelude Press) ISBN: 0931580439

Why Do I Think I Am Nothing Without a Man?

by Penelope Russianoff
(Bantam Books) ISBN: 9993973564

Being A Widow

by Lynn Caine (Penguin Books)
ISBN: 01401.3025

Reconciliation Needs of the Mourner adapted from writings of Alan Wolfelt.
Helps along the Way suggested by Maggie Novack, MA RN.

Do Drugs Cure Grief?

Perhaps you've heard the expression "The only way out - is through." It applies so well to the feelings accompanying the loss of someone who was a significant part of your life. The only way out of grief is to let the natural processes work — to go through the pain and find the door at the other end of the dark tunnel.

Our natural body-system seems set up in a way requiring the externalization of our emotional pain before we can heal. Years ago, I was called to the hospital only to find that my father had already died. This was the first death I had really experienced — I remember sitting in the waiting room crying uncontrollably for nearly an hour. It soon stopped, I got myself together and began functioning.

I wonder what would have happened had someone stopped by, had seen me in such obvious distress, and in an effort to "help", had offered me a tranquilizer or sedative. While I may have stopped crying, I might never have cried myself THROUGH — I might never have begun to find my way OUT of the pain.

All too often in this day of "better living through pharmacology", people are denied the opportunity to work their way through their pain — to externalize their feelings — to get it all out of their system. By the use of tranquilizers and sedatives (drugs), there is a temporary cessation of the pain. Those around the bereaved are not put through the distress of witnessing someone grieving. The bereaved individual is able to mask his/her feelings and to the outside world be considered "OK."

But where do the natural emotions and feelings go? Since they are not being externalized, they are still present in the body system. When the drugs cease, they will again surface in a natural effort to be expressed. All too many again attempt to shut off the pain with drugs instead of naturally externalizing it. Many thus become addicted to these drugs in a very similar manner to those addicted to alcohol, tobacco, cocaine and other chemical substances — they take away the pain.

So what's wrong with taking away the pain? Well there is nothing wrong with removing pain as long as it doesn't set the body-system up for more pain and trauma in the future. Unfortunately, unless the natural painful feelings and emotions are somehow expressed - externalized - gotten out of the system, they remain — perhaps masked or disguised by the drug, but they remain inside us none the less.

Is it ever appropriate to take drugs? Of course it is, when prescribed by a competent clinician who has specialized training and experience with the grieving process, and who will be following through with the patient during the grieving process. IMHO, it is not appropriate, even when prescribed by a well-meaning professional who is only concerned with the cessation of immediate symptoms and who will have no responsibility for continually working with the patient throughout the grieving process. Drugs are certainly not appropriately administered by friends or relatives whose espoused motivation is the griever's emotional stability, but all too often, whose hidden motivation is to make that person more comfortable for them to be around.

The only way out of the pain is to go through it — to fully experience it — and then, putting it behind — getting on with life. This may require counseling or support groups to guide us over the rough spots, but the end result will be a working through and a reconciliation — not a lifetime of drug assisted avoidance.

Alan Taplow

After 20 + years in rural Vermont, Alan now lives near his family in Tampa Florida. From 2013 to 2021, he was a full-time care-giver for his wife, Maggie, who had a severe stroke and died in 2021. He spends 4 to 6 hours a day formatting and independently publishing books of his own writings as well as those for others. Publications List at: <https://tinyurl.com/OMletBooklist>

In the past he has been an industrial purchasing agent, an independent purchasing consultant and quality auditor, a sometimes locksmith and book publisher. He has done volunteer work in Hospice programs, facilitating alternatives to violence programs in prisons, becoming obsessive with his computer, a touch of bookbinding, yarrow stalk throwing, and being a "workshop junkie" with lots of self-enlightening stuff.

Alan holds an B.A. degree from Johns Hopkins, an M.A. degree in Human Development from Fairleigh Dickinson. He is particularly interested in group process, and in addition to leading a number of Bereavement Support Groups for Hospice, has trained as a facilitator at the Elisabeth Kübler-Ross Center when it was located in Head Waters, Virginia.

Alan emphasizes that he is *not* professionally certified. He has absolutely no credentials as a therapist — merely a volunteer who decided to write up his notes.

He hopes you have found these notes useful. Alan, if he makes it, will be 93 in April, 2024, so urges folks with questions or comments to make them soon.

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